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INSTITUTE OF SOCIAL
MEDICINE

10, PARKS ROAD,
OXFORD



Hampshire County Council

ANNUAL HEALTH REPORT

OF THE

COUNTY MEDICAL OFFICER

H. LESLIE CRONK, M.A., M.D., D.P.H.

FOR THE YEAR

1949

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HAMPSHIRE COUNTY COUNCIL

ANNUAL HEALTH REPORT OF THE COUNTY MEDICAL OFFICER FOR THE YEAR

1949

FOREWORD

DURING 1949 good progress was made in the co-ordination of the work of the Local Health Authority with that of the Executive Council and the Regional Hospital Board. The meetings of the Liaison Committee at which Dr. Godber, Principal Medical Officer, Ministry of Health, and frequently Dr. Gill, Senior Medical Officer, South West Metropolitan Regional Hospital Board, and Dr. Revans, Senior Assistant Medical Officer, attended and at which problems raised by the Medical Officers of Health of Counties and County Boroughs of the Western Area of the Board were discussed, were most helpful.

During the year the reorganisation of areas of domiciliary nurses and midwives was considered and a scheme drawn up with the following objects in mind:—

- (1) that each nurse should be fully employed, but should not be required to cover too large an area so that prompt response to calls could be made.
- (2) co-operation could be effected with neighbouring nurses to ensure the necessary relief for sickness and off-duty.
- (3) as far as possible nursing districts should be entirely within the boundaries of one Local Health Authority for ease of administration.

The District Health Sub-Committees were consulted and the scheme which provides for a total of 177 nurses, a reduction of three on the staff then employed was agreed and is being put in force as occasion arises. This number of nurses comprises 38 whole-time midwives, 37 general nurses and 102 district nurse midwives. The amount of domiciliary midwifery is decreasing because of the increased number of confinements taking place in institutions. In 1947, the number of notified live births was 8,826 and the number of women admitted to Hospitals and County Council Maternity Homes was 1,681. In 1949, notified live births numbered 9,531 while 4,612 women were admitted to Hospitals and Maternity Homes. Domiciliary nursing was expected to increase. It has done so in some areas but not in all.

The Home Help Service expanded rapidly as in other areas but owing to the financial situation a limit had to be placed on the money available. The extent of service as a whole in the more rural areas is increasing but the number of helpers is here more of a limiting factor than finance. A review for the first quarter of 1950 showed that 743 cases were assisted during that period and in only 10 cases, qualifying for assistance, was assistance unavailable.

The Ambulance Service (and in particular the Hospital Car Service) has in this County, as elsewhere, caused much concern because of the enormously increased use made of it and the corresponding cost. A conference was held in August, 1949, with the County Organiser and a representative of the Hampshire Executive Committee at which it was agreed that a request should be made to Hospital Almoners to —

- (a) scrutinise very carefully all applications for Hospital Car Service transport.
- (b) review monthly all standing orders for transport.
- (c) inform Area Transport Officers immediately that the need for a particular "regular" journey no longer exists.
- (d) include in all requests to Area Transport Officers information which will help in the detailing of a suitable car and to all Area Transport Officers that they would ensure that all standing orders be reviewed monthly and that all wasted journeys are brought to my notice. Furthermore, that they would continue to endeavour to convey as many patients as possible in the same car.

In spite of every effort there seems to be no immediate hope of this service having reached its peak. There is no doubt that the arrangements at the Hospitals have the greatest influence in the demand and so long as those in charge of these services require further out-patient facilities to be available and require the attendances made by each patient to be as frequent as they now are, there is little likelihood of substantial decline in the demand.

The year 1949 showed a further saving of infants' lives but there has been no such saving in maternal lives.

There were an increased number of notifications of anterior poliomyelitis during the year, even exceeding that recorded in 1947, but other infectious diseases apart from measles were not unduly prevalent.

The tuberculosis death rate has slightly decreased but a situation is clearly undesirable where so many die annually from pulmonary tuberculosis, mostly between the ages of 45 and 64. Methods of prevention are discussed in the body of the Report but willing co-operation in using the facilities of mass radiography and the provision of further hospital accommodation are the two most important measures.

It is in the home that the most useful work can be done in prevention of disease and the domiciliary work of the Health Visiting Staff is of utmost importance. The calls on their time for other services, in particular home visiting of the tuberculous, longer and more frequent attendances at Chest Clinics, follow-up of cases discharged from Hospital in need of home care, the opening of new Child Welfare Centres to meet the increasing needs of young children, has created many difficulties in the finding of time for the home visiting of babies. There is a great need for increasing the number of Health Visitors so that the good work they have been doing may be continued and, in particular in connection with the prevention of tuberculosis, expanded.

This year I have included details of the work in connection with the Health Control Unit at the Blackbushe Airport, the responsibility for which on behalf of the Ministry of Health, was undertaken by the County Council in May, 1947.

Staff.

The position as at the 31st December, 1949, was as follows:

Deputy County Medical Officer :

F. J. G. Lishman, M.D., B.S., D.P.H., D.L.O.

Senior Assistant County Medical Officers :

Audrey M. Hughes, M.B., B.S., D.P.H., Maternity and Child Welfare.

* J. L. Farmer, M.B., Ch.B., D.P.H., Mental Health.

Assistant County Medical Officers :

Esther Ashworth, M.B., Ch.B., D.P.H.

* M. Avent, M.D., B.Ch., D.P.H.

Catherine Avery, M.D., B.S., D.P.H.

† Sarah Boyle, L.R.C.P., L.R.C.S., D.P.H.

† Laurel Campbell, M.R.C.S., L.R.C.P.

* A. A. Cockayne, M.R.C.S., L.R.C.P., D.P.H.

† Margaret Dudley-Brown, M.B., M.R.C.P., D(Ob)R.C.O.G.

† Muriel Evans, M.D., F.R.C.S.

* W. A. Glen, M.B., Ch.B., D.P.H.

* R. A. Good, M.B., B.Ch., D.P.H.

† Hilda M. P. Hunt, M.B., B.S., D.P.H.

* N. C. Lendon, M.B., B.Ch., D.P.H.

Greta Lowe, M.B., Ch.B.

* D. J. N. McNab, M.B., Ch.B., D.P.H.

* R. Mackay, M.D., Ch.B., D.P.H.

* S. C. Parry, M.R.C.S., L.R.C.P., D.P.H.

W. Simpson, M.B., B.S., D.P.H.

* G. Tate, M.R.C.S., L.R.C.P., D.P.H.

* W. C. D. Walmsley, M.B., Ch.B., D.P.H.

Phyllis Watson, M.R.C.S., L.R.C.P.

* J. C. Lindsay, M.B., Ch.B., D.P.H. Aldershot Div. School M.O.

* G. W. Fleming, L.R.C.P., L.R.C.S., D.P.H. Gosport Div. School M.O.

† part-time Medical Officers.

* also Medical Officers of Local Sanitary Authorities.

Chest Physicians:

† W. J. Hart, M.B., B.Ch., M.R.C.P., M.R.C.S., D.P.H.

† Joan Butterworth, M.B., B.S., D.P.H.

† H. S. Fraser, M.D., Ch.B., D.P.H.

† B. L. Lloyd, M.B., Ch.B., D.P.H.

* † R. J. McGill, M.B., Ch.B., M.R.C.P.

* † Mary Maguire, M.B., B.Ch.

† Joint appointments — County Council and Regional Hospital Board.

* Part-time.

Senior Dental Officer:

Mr. C. C. Chadwick, L.D.S.

Dental Officers :

Mr. E. T. Mason, L.R.S., R.C.S., (Eng.)

Mr. W. H. Price, L.D.S., R.F.P.S. (Glas.)

Mrs. J. Nicol, L.D.S., R.F.P.S. (Glas.)

Mr. R. A. Nicol, L.D.S., R.F.P.S. (Glas.)

Miss B. P. Taylor, L.D.S., R.C.S. (Glas.)

Mr. E. J. Taylor, L.D.S., R.C.S. (Eng.)

Mr. B. T. Wyatt, L.D.S., R.C.S. (Eng.)

Miss E. O. Betts, L.D.S., R.C.S. (Eng.)

Mr. T. E. Black, L.D.S., R.F.P.S. (Glas.)

Mrs. J. Carruthers, L.D.S.

Mr. F. H. Edey, L.D.S., R.C.S. (Eng.)

Mr. R. T. Hale, L.D.S., R.C.S. (Eng.)

Mr. A. J. W. Johnston, L.D.S., R.C.S. (Eng.)

Superintendent Health Visitor and School Nurse

Miss E. Stevenson

Health Visitors:

The establishment for Health Visitors (excluding Superintendent Health Visitor and four Assistant Superintendents) is 64. The Health Visitors give 81 per cent of their time towards the services covered in this Report, thus in terms of whole-time staff 51 Health Visitors are engaged on this work. (The figure 64 includes ex S.S.A.F.A. Sisters transferred to County Staff when Army Welfare Services became responsibility of County Council, 5th July, 1949.)

Child Guidance Team:

A. F. Mary Christie, M.B., B.S.	Psychiatrist
* W. Furstenheim, M.D. (Leipzig)	Psychiatrist
Miss J. Harris, B.A.	Educational Psychologist
Mrs. Morison, M.A.	Psychiatric Social Worker
* Miss Lindo	Social Worker
* Mrs. Brittain	Social Worker

* part-time

County Oculist (Regional Hospital Board):

Dr. Christina Stoddart, M.B., Ch.B.

County Orthoptist (Regional Hospital Board):

Post vacant

Speech Therapy:*Chief Speech Therapist:*

Mr. A. P. Tolfree, F.C.S.T. (part-time)

Assistant Speech Therapists:

Miss P. G. Conway, L.C.S.T.

Miss J. M. Stagg, L.C.S.T.

Chief Administrative Assistant:

Mr. C. G. Cartwright

County Nursing Superintendent:

Miss G. M. Cooper

Deputy County Nursing Superintendent:

Miss F. Engledow

County Ambulance Officer:

Mr. E. T. Mallinson

VITAL STATISTICS

Extracts from Vital Statistics.

	Male	Female	Total	Rate per 1000 pop.	England and Wales
Live Births: Legitimate ...	5188	4863	10051	17.3	
Illegitimate ...	316	280	596	1.02	16.7
Stillbirths: Legitimate ...	113	88	201	0.35	
Illegitimate ...	6	8	14	0.02	0.39
Deaths ...	3292	3168	6460	11.2	11.7

Maternal Mortality.

Deaths from	Number	Rate per 1000 Total Births	Provisional rate for England and Wales
Puerperal and post-abortion sepsis ...	6	0.55	0.22
Other puerperal causes ...	14	1.29	0.76

Death Rate of Infants under one year of age.

	Number	Administrative County	England and Wales
All Infants per 1,000 Live Births ...	283	26.6	32
Legitimate Infants per 1,000 Legitimate Births ...	261	25.9	—
Illegitimate Infants per 1,000 Illegitimate Births	22	38.6	—

The trend of Birth Rates, Infant Mortality Rate and Maternal Mortality Rate, is shown in the accompanying diagrams

The total civilian population of the County as estimated by the Registrar-General was, in mid 1949, 578,610 — Urban Districts 328,560; Rural Districts 250,050. This population is used for calculating birth rates, infant mortality and maternal mortality rates. The total population, i.e. including the Armed Forces, was estimated to be: Urban Districts 363,070 and Rural Districts 264,310, making a total of 627,380.

HEALTH EDUCATION

As in former years, Health Education has been continued through the Doctors, Dentists and Health Visitors, as part of their general duties. Numerous requests have been received from a variety of Organisations for talks on the Health Services, School Health Services and allied subjects and in this direction the medical, nursing, other specialist and senior administrative staff have played their part.

INFANTILE MORTALITY

The causes of death were as follows, together with the death rate per 1,000 births:

Cause of Death	Number of Deaths			Infant Mortality Rate		
	1947	1948	1949	1947	1948	1949
Congenital malformation, etc. (32)...	156	111	102	13.1	10.0	9.4
Premature birth (31)	107	100	77	9.0	9.0	7.2
Respiratory conditions (21, 22, 23)	52	43	48	4.3	3.9	4.5
Diarrhoea (25)	26	17	17	2.2	1.5	1.6
Infectious diseases (1-12) ...	19	10	8	1.6	0.9	0.8
Other recorded causes	30	20	23	2.5	1.8	2.2
All other causes	19	12	8	1.6	1.1	0.8
Total ...	409	313	283	34.3	28.3	26.5

The numbers in brackets are the numbers used by the Registrar-General in grouping causes of deaths.

It is interesting to note that the decrease in infant deaths during 1949 was largely due to fewer deaths classified as due to congenital malformations and premature births. The stillbirth rate has remained practically stationary, going up from 0.36 per 1,000 pop. to 0.37 and from 1.9 per 100 live births to 2.0.

Neo-natal Mortality.

The number of babies dying under the age of one month in 1949, as reported by the Registrars of Births and Deaths, was 120. These can be sub-divided in the following way:

Dying before 24 hours	61
Dying from one day to two weeks ...	53
Dying from two weeks to one month ...	6

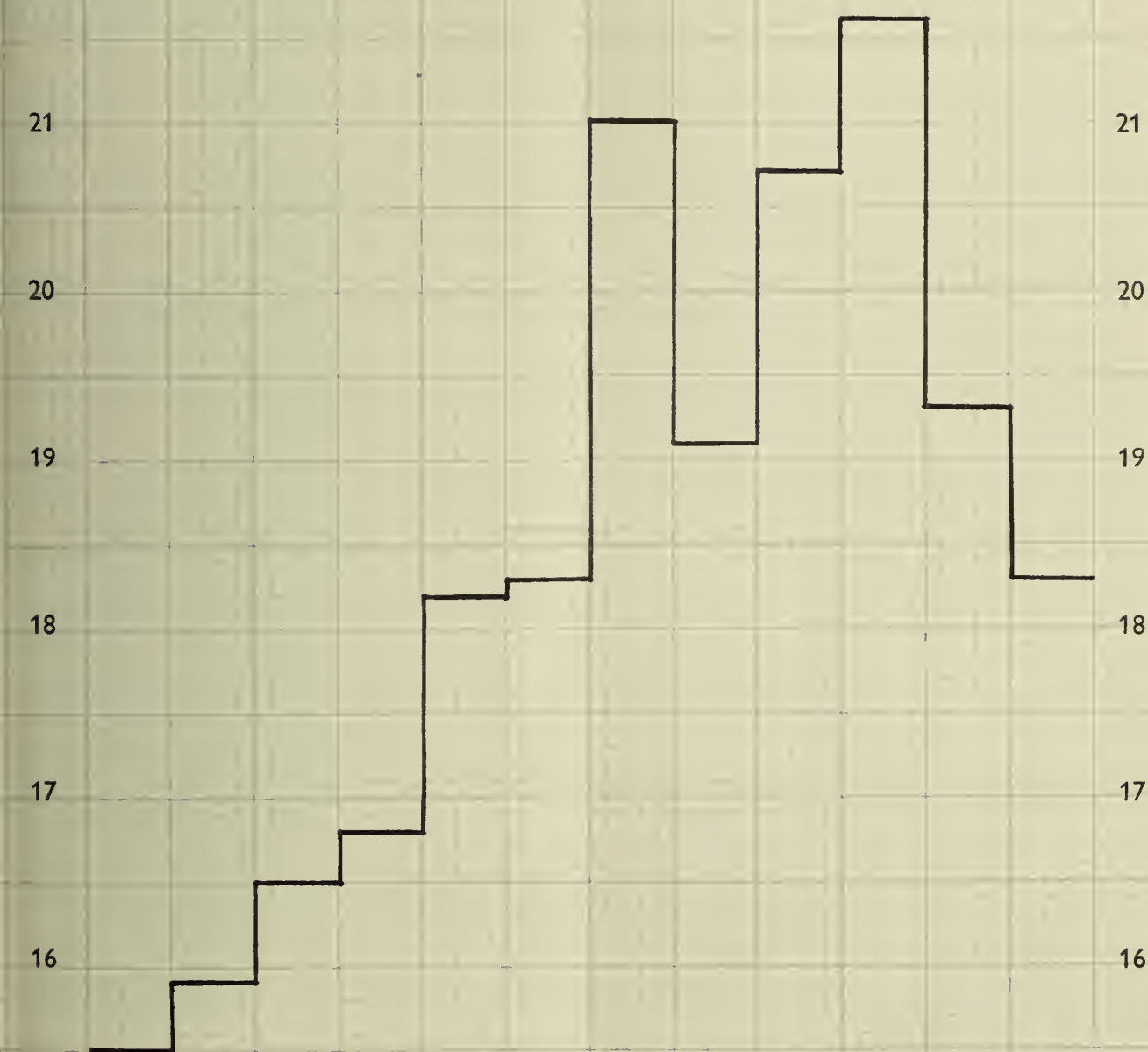
The causes of death as certified vary according to the age at death in the following manner:

Cause	Age at Death			
	Under 24 hours	1 day to 2 weeks	2 weeks to 1 month	Total
Prematurity	33	8	—	41
Congenital Deformities	5	5	—	10
Cerebral Haemorrhage	2	6	—	8
Inanition, Marasmus, etc.	2	4	1	7
Bronchitis, Broncho-pneumonia ...	—	7	2	9
Erythroblastosis, Icterus	—	2	—	2
Atelectasis	13	15	—	28
Asphyxia	5	2	—	7
Other causes	1	4	3	8
Total ...	61	53	6	120

The decrease from 71 deaths attributed to prematurity in 1948 to 41 in 1949 without any corresponding increase in deaths attributed to general feebleness of infants is worthy of note. The increase in survival rate of infants weighing less than 5½ lb. at birth (premature infants) is commented on later.

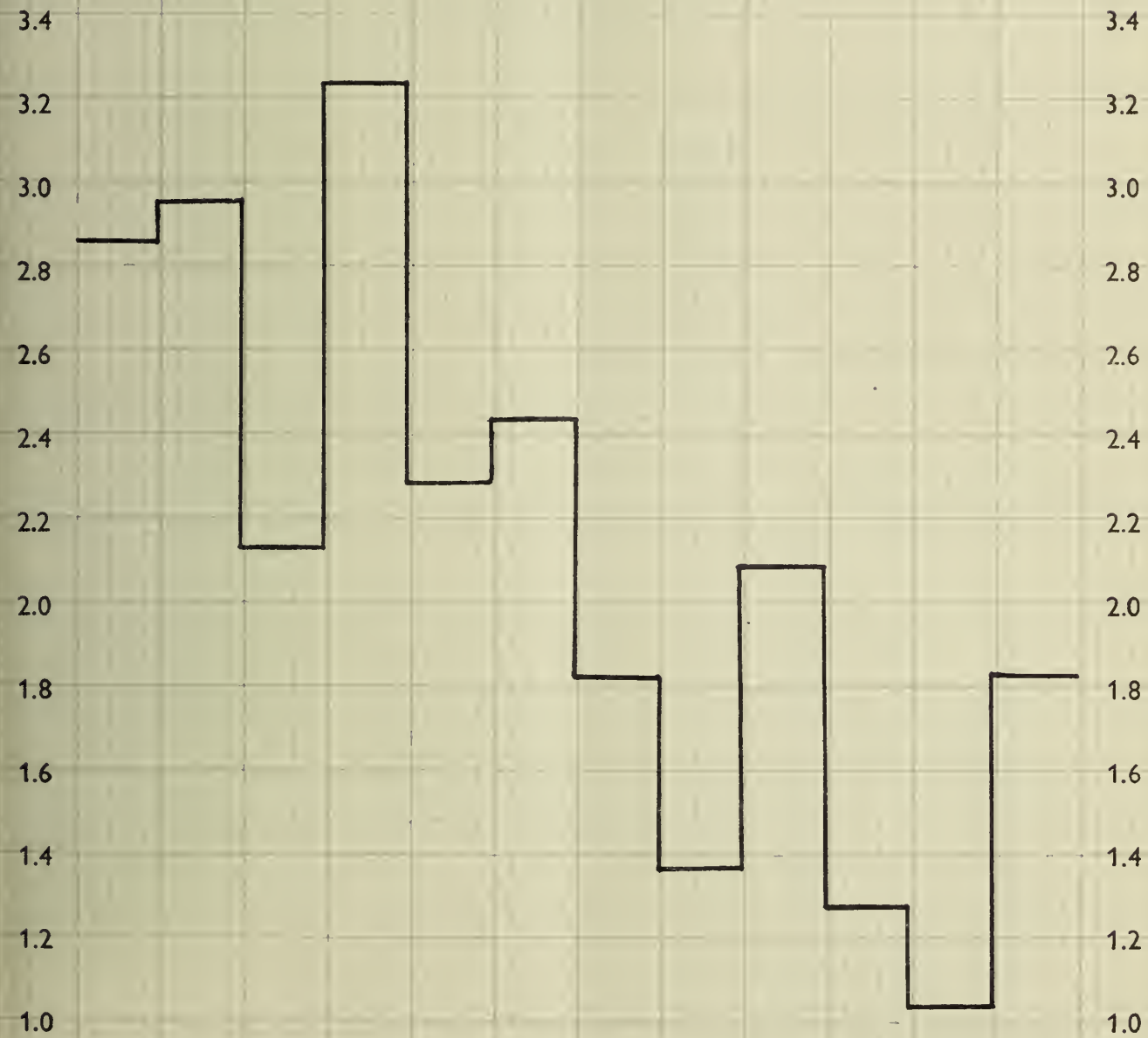
LIVE BIRTH RATE

Year	1938	39	40	41	42	43	44	45	46	47	48	49
L.B.R.	15.5	15.9	16.5	16.8	18.2	18.3	21.0	19.1	20.7	21.6	19.3	18.3

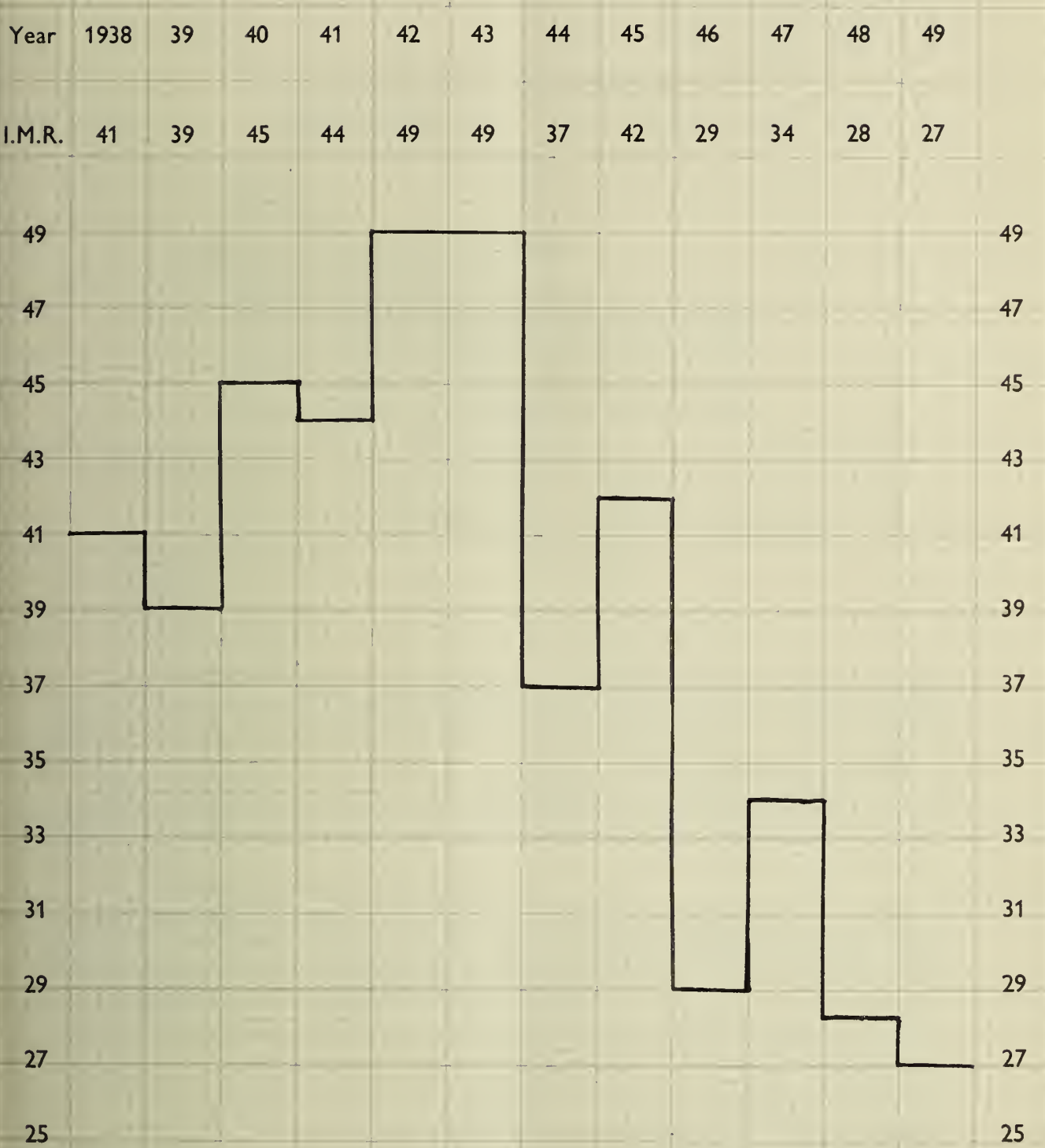


MATERNAL MORTALITY RATE

Year	1938	39	40	41	42	43	44	45	46	47	48	49
M.M.R.	2.87	2.96	2.14	3.26	2.30	2.45	1.84	1.39	2.09	1.31	1.06	1.84



INFANT MORTALITY RATE



MATERNAL MORTALITY

The determining causes of death of the twenty women who died as a result of conditions associated with pregnancy were as follows from information received from the Registrar-General:

TOXAEMIA	...	...	...	...	...	...	6
Acute yellow atrophy	...	...	...	...	...	...	2
Toxaemia associated with the following conditions	...	...	...	...	...	...	4
acute cardiac failure	...	...	...	...	...	...	
mesenteric thrombosis	...	...	...	...	...	...	
pulmonary oedema and shock	...	...	...	...	...	...	
ABORTION	...	...	...	...	...	...	1
Non-septic	...	...	...	...	...	...	0
Septicaemia	...	...	...	...	...	...	1
PUERPERAL SEPSIS (Pulmonary embolism)	...	...	...	...	...	...	5
OTHER MATERIAL CAUSES	...	...	...	...	...	...	8
Ruptured, ectopic gestation, ante-partum haemorrhage with placenta praevia, post-partum haemorrhage, bilateral spontaneous pneumo-thorax, obstetric shock and retained placenta, pulmonary embolism following lower segment Caesarian Section — one each.							
Rupture of uterus, two cases, one due to obstructed labour, and the other due to an old A.P.H.							

All but five of these deaths took place in a Maternity Hospital or Home.

CARE OF MOTHERS AND YOUNG CHILDREN

I. CHILD WELFARE.

A. — General.

(1) FEEDING.

(a) *Breast Feeding.*

No special investigation was carried out during 1949 but Health Visitors continue to advise normal breast feeding wherever this is at all possible, and such advice is also a very prominent part of the service given at the Child Welfare Centres.

Special attention is paid by the Ante-natal Clinic Medical Officers to the condition of the breasts, and glass or plastic shells are available from the Health Department for expectant mothers where special treatment is indicated.

(b) *Government Welfare Foods Service.*

The provision of special vitamins has continued to be taken advantage of during the year 1949 and the following is a comparative table of take-up in the County area, and the Southern Division which comprises Berkshire, Buckinghamshire, Hampshire, Oxfordshire, and Isle of Wight:

Period	Cod Liver Oil			Orange Juice			A and D Tablets		
	Hampshire		Southern Division	Hampshire		Southern Division	Hampshire		Southern Division
	Highest Rate	Lowest Rate		Highest Rate	Lowest Rate		Highest Rate	Lowest Rate	
13 weeks ended									
29.11.1947	52.0	23.3	38.3	58.8	27.4	42.1	57.4	26.9	41.5
29.11.1948	41.8	22.9	33.4	50.7	25.4	37.5	44.0	21.7	36.5
29.11.1949	40.2	22.5	29.0	52.3	22.5	34.7	50.9	22.6	37.0

(2) HYGIENE.

(a) *Mothercraft Teaching.*

Mothercraft demonstrations and lectures continued to be given but there has been no opportunity to increase the scope of this service.

(b) *Home Visiting.*

In 1949 notifications were received of 9,531 live births. First visits were paid by Health Visitors to 11,855 children under the age of 12 months.

To older children, from 1-5 years of age, a total of 83,229 visits were paid in 1949. In all, the number of visits paid to children up to the age of 5 years was 144,523, as against 114,178 in 1948.

(c) Child Welfare Centres (Local Health Authority Centres).

No. of Centres provided at end of year	No. of Child Welfare Sessions now held <i>per month</i> at Centres in Col. 1	No. of Children who attended Centres in Col. 1 during the year	No. of Children who first attended the Centres during the year, and who on the date of their first attendance were:		No. of Children in attendance at the end of the year who were then:		Total number of attendances made by children included in Col. 3 during the year	
			Under 1 year of age	Over 1 year of age	Under 1 year of age	Between the ages of 1 & 5	Under 1 year of age	Over 1 year of age
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
142	Max. 364 Min. 324	19763	6711	2167	7332	11757	65849	47935

At the end of 1949 there were 142 Child Welfare Centres. The additional nine Centres were:—

- Durley ... Opened on the 11th February, 1949.
Hiltingbury ... Opened on the 13th September, 1949.
Longmoor Camp ... Opened on the 13th September, 1949.
Crookham and Ewshott
Bordon Camp, Bordon,
Marlborough Lines, Farnborough
Pinehurst Camp, Cove
Stanhope Lines, Aldershot
Wellington Lines, Aldershot

} Child Welfare Centres at these Military Camps taken over during 1949 by the County Council.

During 1949 no Child Welfare Centres were closed.

Child Welfare Centres.

Centre	When Held	Medical Officer	Centre	When Held	Medical Officer
ALDERSHOT Manor Park House	Every Mon. Every Wed.	Dr. Lindsay Dr. Evans	BINSTEAD The Institute	4th Wed.	*Dr. S. S. Strahan
ALRESFORD Methodist Church Hall	1st & 3rd Tue.	Dr. A. M. Hughes	BISHOPSTOKE St. Marys Church Hall	1st & 3rd Th.	Dr. W. A. Glen
ALTON Assembly Rooms	Every Tue.	Dr. Evans	BISHOPS WALTHAM Youth Club	1st & 3rd Th.	*Dr. W. D. Mitchell
AMPORT The Hut	1st Mon.	Dr. W. Simpson	BOLDRE Memorial Hall Pilley	2nd Th.	Dr. G. Lowe
ANDOVER C.C. Health Centre	All day every Th.	Dr. W. Simpson	BOTLEY The Catherine Wheel	1st Wed.	*Dr. H. Bamber
APPLESHAW Church Hall	3rd Wed.	Dr. W. Simpson	BRAISHFIELD Women's Institute	2nd Fri.	Dr. Tate
ASHLEY St. Peters Hall	1st Wed.	Dr. G. Lowe	BRAMSHAW Village Hall	4th Wed.	Dr. L. Campbell
BASING Village Hall	4th Tue.	Dr. Hunt	BRANSGORE Harrow Hill Hut	1st & 3rd Wed.	Dr. McNab
BASINGSTOKE C.C. Health Centre Brambley Grange	All day every Fri. and every Tue. at 9.30	Dr. Hunt	BREAMORE Woodgreen Hall	1st Th.	Dr. L. Campbell
BENTLEY Memorial Hall	3rd Th.	*Dr. S. S. Strahan			

Centre	When Held	Medical Officer	Centre	When Held	Medical Officer
BROCKEN-HURST Morant Hall	1st & 3rd Wed.	Dr. G. Lowe	FLEET Church Institute	1st & 3rd Th.	Dr. Walmsley
BROUGHTON Village Hall	2nd Wed.	Dr. Tate	FORDING-BRIDGE Victoria Rooms Bridge Street	Every Tue.	Dr. Campbell
BURSLEDON Parish Hall	3rd Tue.	Dr. Ashworth	GOSPORT — ELSON St. Thomas Church Hall Elson Road	Every Tue.	Dr. Ashworth
CHANDLERS FORD Ritchie Hall	2nd & 4th Fri.	Dr. Glen	GOSPORT — FORTON Crossways Social Hall	Every Mon.	Dr. Dudley Brown
CHERITON Parish Hall	1st & 3rd Fri.	Dr. Avery	GOSPORT — STOKE ROAD Methodist Sunday School Room	Every Wed. all day	Dr. Dudley Brown
CHRISTCHURCH C.C. Health Centre Millhams Street	All day every Tue. except 2nd Tue. when p.m. only	Dr. D. J. N. McNab	GRAYSHOTT Village Hall	Every Fri. 2.45 p.m.	Dr. Watson
COLDEN COMMON Parish Hall	4th Fri.	Dr. Avery	HAMBLE Memorial Hall	2nd & 4th Mon.	Dr. Ashworth
COPYTHORNE Foresters Hall Bartley	1st & 3rd Th.	Dr. Campbell	HAMBLEDON Women's Institute	2nd Mon.	Dr. Watson
COVE Labour Hall	Every Wed.	Dr. Walmsley	HARTLEY WINTNEY Edward Memorial Hut	1st & 3rd Mon.	Dr. Avent
CRAWLEY Village Hall	2nd Fri.	Dr. Evans	HAVANT C.C. Health Centre 4 Park Way	2nd & 4th Tue. 9.30 a.m. and 2 p.m. 1st & 3rd Tue. 2 p.m.	Dr. Lendon
CRONDALL Church Room	2nd Mon.	Dr. S. Boyle	HAYLING NORTH Recreation Hall	1st & 3rd Tue.	Dr. Lendon
CROOKHAM & EWSHOTT M.I. Room The Barracks	Every Tue.	M.O. i/c R.A.M.C.	HAYLING SOUTH St. Marys Institute	1st & 3rd Wed. all day	Dr. Lendon
DENMEAD Free Church Schoolroom	4th Mon.	Dr. Watson	HECKFIELD Memorial Hall	4th Wed.	Dr. Avent
DIBDEN PURLIEU Women's Institute	2nd Tue.	Dr. Campbell	HEADLEY Village Hall	2nd & 4th Fri.	Dr. Watson
DROXFORD Village Hall	1st Mon.	Dr. Parry	HEDGE END St. Johns Rooms	2nd & 4th Tue.	*Dr. H. Bamber
DURLEY Memorial Hall	2nd Fri.	Dr. Avery	HIGHCLIFFE St. Marks Hall	3rd Fri.	Dr. G. Lowe
EAST BOLDRE Parish Hall	1st Th.	Dr. G. Lowe	HILTINGBURY No. 17 Families Camp	2nd & 4th Tue.	M.O. i/c R.A.M.C. (2nd Tue.) Dr. W. A. Glen (4th Tues.)
EASTLEIGH C.C. Health Centre Chamberlayne Rd.	Every Wed. all day	Dr. Glen	HOOK Village Hall	4th Tue.	Dr. Boyle
EMSWORTH Church Hall	2nd & 4th Fri.	*Dr. E. B. MacDowall	HORDLE Women's Institute	3rd Wed.	Dr. Lowe
EVERSLEY Village Hall	1st Tue.	*Dr. E. Billing	HORNDEAN Nash Memorial Hall	2nd & 4th Tue.	Dr. Watson
EXBURY Women's Institute	2nd Th.	Dr. Campbell	HOUGHTON Reading Room	2nd Mon.	*Dr. G. Hobbs
FAIR OAK Women's Hall	2nd & 4th Th.	Dr. Avery	HURSTBOURNE PRIORS Village Hall	2nd Tue.	Dr. Cockayne
FAREHAM Methodist Hall Kings Road	Every Fri. all day	Dr. MacKay	HYPHE St. Johns Hall	4th Tue.	Dr. Campbell
FARLEIGH WALLOP Club Room	1st Th.	Dr. Hunt	ITCHEN ABBAS Village Hall	2nd Th.	Dr. Evans
FARNBOROUGH St. Marks Club Rms. Queens Road	Every Tue.	Dr. Walmsley	KINGSCLERE Village Club	4th Th. 1.30 p.m.	Dr. Hunt
FAWLEY Methodist Hall Wesleyan Lane	1st & 3rd Mon.	Dr. Campbell			

Centre	When Held	Medical Officer	Centre	When Held	Medical Officer
KINGSLEY Concert Hall at Ockham Hall	3rd Fri.	Dr. Watson	PENNINGTON Women's Institute Hall	2nd & 4th Tue.	Dr. Lowe
KINGS SOMBORNE Village Hall	1st & 3rd Tue.	Dr. Tate	PETERSFIELD Ramshill	Every Wed.	Dr. Watson
KINGS WORTHY Jubilee Hall	1st Fri.	Dr. Evans	PINEHURST M.I. Room The Barracks, Cove	Every Th.	M.O. i/c R.A.M.C.
LEE-ON-SOLENT Lowry Hut	1st & 3rd Tue.	Dr. Dudley Brown	PORTCHESTER The Cormorant Castle Street	Every Th.	*Dr. J. Pike
LECKFORD The White House	3rd Tue.	Dr. Simpson	PRESTON CANDOVER Red Cross Hall South Hall	1st Mon.	Dr. Avery
LIPHOOK Church Room	1st & 3rd Tue.	Dr. Watson	PURBROOK Deverall Hall	2nd & 4th Wed.	Dr. Lendon
LISS Bisherne Hut	2nd & 4th Fri.	*Dr. H. V. Corry	RINGWOOD Conway Hall	2nd & 4th Wed.	Dr. Lowe
LOCKERLEY Memorial Hall	4th Wed.	Dr. Tate	ROMSEY The Church House 33 The Abbey	Every Th. all day	Dr. Tate
LONGMOOR M.I. Room The Barracks	Every Wed.	M.O. i/c R.A.M.C.	ROWLANDS CASTLE Parish Hall	1st & 3rd Fri.	Dr. Lendon
LONGPARISH Village Hall	2nd Wed.	Dr. Cockayne	SARISBURY British Legion Hall	1st & 3rd Th.	Dr. Ashworth
LYMINGTON Parish Hall	Every Fri.	Dr. Lowe	SELBORNE Village Hall	2nd Wed.	Dr. Avery
LYNDHURST Church Hall	1st & 3rd Wed.	Dr. Campbell	SHEDFIELD Chase Hut Waltham Chase	2nd & 4th Wed.	Dr. Avery
MARCHWOOD Church Hall	1st & 3rd Tue.	Dr. Campbell	SHERFIELD-ON- LODDEN Baptist Chapel	2nd Th.	Dr. Hunt
MARLBOROUGH LINES M.I. Room, Farnborough	Every Tue.	M.O. i/c R.A.M.C.	SOBERTON The Barn Meon Place	3rd Tue.	Dr. Parry
MAYBUSH St. Peters Institute	1st & 3rd Wed.	Dr. Tate	SOUTHWICK Manor Hall	4th Fri.	*Dr. J. Kinnear
MICHELDEVER Northbrook Hall	3rd Th.	Dr. Evans	SPARSHOLT Sparsholt Manor	1st Mon.	Dr. Evans
MILFORD- ON-SEA Church Hall	4th Th.	Dr. Lowe	STANHOPE LINES M.I. Room The Barracks, Aldershot	Every Tue.	M.O. i/c R.A.M.C.
MINSTEAD The Hut	2nd Th.	Dr. Campbell	ST. MARY- BOURNE Parish Room	2nd Th.	Dr. Cockayne
MOTTISFONT Village Club	2nd & 4th Tue.	Dr. Tate	STOCKBRIDGE The Vine Club Room	3rd Fri.	Dr. Tate
NETLEY Jubilee Hall	1st & 3rd Wed.	Dr. Ashworth	STONEYCROSS The Gymnasium	4th Th.	Dr. Campbell
NEW MILTON The Church Hall	2nd & 4th Wed.	Dr. Lowe	STRATFIELD- SAYE The Club Room	2nd Tue.	Dr. Boyle
NORTH BADDESLEY Symes Memorial Hall	1st & 3rd Fri.	Dr. Glen	STUBBINGTON Village Hall	1st & 3rd Th.	Dr. MacKay
NORTH WALTHAM Rectory Club Room	3rd Wed.	Dr. Hunt	SUTTON SCOTNEY Victoria Hall	3rd Tue.	*Dr. G. Edelsten
NURSING Parish Hall	2nd & 4th Tue.	Dr. Tate	SWANMORE Parish Hall	3rd Tue.	Dr. Parry
OAKLEY Village Hall	2nd & 4th Wed.	Dr. Hunt	SWAY Women's Institute	2nd Tue.	Dr. Lowe
ODIHAM The Hut Dunley's Hill	2nd & 4th Fri.	Dr. Boyle			
OVERTON St. Marys Hall	1st & 3rd Fri.	Dr. Cockayne			
OVER WALLOP The Church Room	1st Tue.	Dr. Tate			

Centre	When Held	Medical Officer	Centre	When Held	Medical Officer
TADLEY Methodist Hall	1st & 3rd Tue.	Dr. Boyle	WEST TYTHERLEY King Edwards Hall	3rd Wed.	Dr. Tate
TITCHFIELD Parish Hall	1st & 3rd Mon.	Dr. MacKay	WEST WELLOW Reading Rooms	2nd & 4th Fri.	Dr. Tate
TOTTON C.C. Health Centre Rumbridge Street	Every Fri. 10 a.m. & 2 p.m.	Dr. Campbell	WHITCHURCH Church Hall	2nd Fri.	Dr. Simpson
UPPER CLATFORD The School	1st Tue.	Dr. Simpson	WHITEHILL Men's Club	2nd & 4th Th.	Dr. Watson
UPTON GREY Village Hall	3rd Fri.	Dr. Boyle	WICKHAM Church Hall	1st & 3rd Wed.	*Dr. J. Kinnear
WATERLOO- VILLE St. George's Hall Hambledon Road	2nd & 4th Th.	Dr. Lendon	WINCHESTER 4 The Square	Every Wed. Every Fri.	Dr. R. A. Good
WELLINGTON LINES M.I. Room The Barracks, Aldershot	Every Tue.	M.O. i/c R.A.M.C.	WINCHESTER Stanmore Youth Club	Every Tue.	Dr. R. A. Good
WEST END Parish Hall	2nd & 4th Wed.	Dr. Lendon	WOOLTON HILL Parish Hall	3rd Wed.	Dr. Cockayne
			WORTHY DOWN The Camp	1st Mon.	Dr. Cockayne
			YATELEY British Legion Hall	1st Tue.	Dr. Avent

* General Medical Practitioner

B. — Children Separated from their Parents.

As mentioned in my report for 1948, this is now the responsibility of the County Children's Officer, but the Health Department co-operates in the following ways:—

(a) *Children in the Care of Foster Parents and Adoption Cases.*

Notifications are received from County Children's Officer as to children under 5 years of age who are placed with foster mothers, so that the Health Visitors can follow up in the ordinary course of their home-visiting duties. The County Children's Officer is kept informed of any special circumstances.

Advice and help is given very frequently to County Children's Officer in connection with foster children suffering from any physical or mental defect.

Similar advice and help and home visiting is given in connection with children placed for adoption.

(b) *Residential Nurseries.*

Except in the case of one nursery, where there is a long-standing arrangement with a local general practitioner, Assistant County Medical Officers pay quarterly visits to all residential nurseries to make a routine examination of all children and report on the premises and conditions. The examination on admission and discharge and need as to treatment of any sick children is undertaken by a local general practitioner.

C. — Day Nursery Provision.

The following 15 Day Nurseries providing 576 places have been continued throughout the year and have been well used. There have been waiting lists for admissions in most of the Nurseries.

Apart from small epidemics of chicken pox, measles, mumps and whooping cough, the health of the children has been good.

Name of Nursery	Accommodation Provided		Average Daily Attendances	
	0-2 yrs.	2-5 yrs.	0-2 yrs.	2-5 yrs.
ALDERSHOT				
Hockliffe House	16	39	11.17	34.10
ALTON				
Manor House Cafe		20		22.60
ANDOVER				
1. The Drove	15	25	12.56	24.02
2. New Street		40		33.00
BASINGSTOKE				
1. Sarum Hill		30		28.08
2. Bolton Crescent		30		25.10
CHRISTCHURCH				
The Square House		36		28.22
EASTLEIGH				
Tankerville House		50 (18 mths.-5 yrs.)		42.33
FARNBOROUGH				
1. Hollymount		30		25.08
2. Kingsmead	17	23	11.00	22.00
GOSPORT				
1. Elmsleigh		35		31.00
2. Podd's House	16	54	19.00	57.00
PETERSFIELD				
The Institution		20		18.80
WINCHESTER				
1. St. John's	—	40	—	31.89
2. Stanmore	—	40	—	37.46

Children are admitted to the Nurseries in the following order of preference:—

- (1) Children whose mothers are obliged to work.
- (2) Children whose mothers are ill or unable for some special reason to care for them themselves.
- (3) Overcrowded home conditions.
- (4) Children suffering from some disability who have been especially recommended.

If any children are admitted who do not come within the above groups, it is on the understanding that the child will have to be withdrawn if the place is required by another child with a definite reason for admission.

NURSERIES AND CHILD-MINDERS REGULATION ACT, 1948.

During the year 1949, five persons, who conducted nurseries in their own homes, were registered under the above Act, one of whom closed her nursery during the year.

Three buildings were also registered under the above Act. They are:—

The Ritchie Hall, Chandlers Ford.
The Church Institute, Andover.
Nissen Hut, Housing Estate, Sholing.

D. — Babies Subject to Special Risks.

Illegitimate Babies.

At the close of the year there was a record of 377 illegitimate children born in the County during the year, and of these, at the end of the year 150 were still with their mothers, 13 with foster mothers, 71 had been placed with adopters or had gone to a Registered Adoption Society, 7 were living with relatives apart from their mothers, 6 were living apart from their mothers other than with relatives, 114 had left the County, and 6 had died; 10 had become legalised by the marriage of their mothers.

During the year 1949 the Roman Catholic Maternity Home for Unmarried Mothers at Grayshott admitted 70 cases; 4 cases were admitted to the Diocesan Maternity Home, Winchester, which closed for repairs and alterations on 31st May, 1949, and did not re-open during the year; and the Baptist Home for Unmarried Mothers at Yateley admitted 55 cases during the year.

The County Council is not proceeding with the provision of Hostels for Unmarried Mothers and their Babies but grants are given to the Diocesan Moral Welfare Councils to supplement the difference between the assessed maintenance cost per case and the amount which the girls themselves are able to pay from their Maternity Benefits under National Health Insurance and under grants from the National Assistance Board.

PREMATURE BABIES BORN IN THE COUNTY DURING THE YEAR 1949.

The following table shows the survival rate for different birth weights:—

Birth Weight	Number born alive	No. of Babies Dying before										Percentage Survival to 1 Month during 1949.	Percentage Survival to 1 Month during 1948.
		1st day	2nd day	3rd day	4th day	5th day	6th day	7th day	2nd week	3rd week	4th week		
Under 2 lb.	12	8	2	—	—	1	—	—	—	—	—	8.3	—
2 lb. to 2½ lb.	17	5	6	3	—	—	—	—	—	—	—	17.6	7.1
2½ lb. to 3 lb.	14	8	2	—	—	—	—	—	1	—	—	21.4	14.3
3 lb. to 3½ lb.	21	9	1	1	—	1	—	—	—	—	1	38.1	50.0
3½ lb. to 4 lb.	36	4	1	1	—	—	—	—	—	—	—	83.3	80.9
4 lb. to 4½ lb.	65	3	3	4	1	1	—	—	—	—	—	81.5	72.1
4½ lb. to 5 lb.	83	3	1	—	2	2	—	—	—	—	1	89.2	87.3
5 lb. to 5½ lb.	241	1	2	5	—	—	—	—	2	—	—	95.9	96.2
Not weighed	1	1	—	—	—	—	—	—	—	—	—	—	16.7
Total	490	42	18	14	3	5	—	—	3	—	2	82.2	78.2

The percentage of premature babies born in 1949 who survived the age of one month was slightly greater than in previous years. This increase in survival does not, however, compensate for the increasing proportion of babies born weighing 5½ lb. or less (the definition of premature infants). The number of premature babies might be expected to increase by the survival of babies who might in previous years have been born dead; this cannot be the whole situation, however, as the figures in the following table show:—

Year		1946	1947	1948	1949
Stillbirths per 1,000 total		25.4	24.0	18.7	19.8
Prem. births per 1,000 total		31.4	33.5	36.3	45.1
S.B. and P.B. per 1,000 total		56.8	57.5	55.0	64.9

II. CARE OF MOTHERS.

(A) MEDICAL SUPERVISION OF EXPECTANT MOTHERS.

During 1949, 2,671 (3,817) expectant mothers attended the Ante-Natal Clinics provided by the County Council. These mothers made 8,902 (9,272) attendances, of which 377 (506) were for post-natal examination: the figures in brackets relate to the year 1948.

The Council's arrangements for medical domiciliary care have been discontinued, as they are no longer necessary owing to the provision of the General Practitioner maternity service under the National Health Service Act. No record is available of the number of women who book their own doctors for ante-natal care and supervision, but the domiciliary midwives have been instructed to advise their patients that they should avail themselves of this service, and there are reasons to believe that it is considerably used.

There is also no record available of the numbers attending Ante-Natal Clinics in connection with the Regional Board's hospitals and maternity homes, but it can be presumed that this number has increased with the extension of the Board's Maternity Services.

Therefore, although the attendances at the County Council Ante-Natal Clinics have declined, it is very probable that many more expectant mothers are now receiving ante-natal care than was the case before the National Health Service Act came into force in July, 1948.

The attendance of a doctor at the Clinic in Winchester City was discontinued at the end of March as the attendances had considerably dropped, due to the opening of the Regional Hospital Board's Clinic at St. Paul's Hospital in connection with the Maternity Ward at the Royal Hampshire County Hospital.

The following table gives a comparative statement of the first attendances during the years 1947, 1948 and 1949:—

ANTE-NATAL CLINIC ATTENDANCES

Clinic	First Attendances		
	1947	1948	1949
Aldershot	—	405	349
Alresford	110	111	40
Alton	157	153	65
Andover	423	271	47
Basingstoke	263	235	115
Christchurch	148	136	82
Cove	42	34	21
Eastleigh	203	199	121
Emsworth	38	77	87
Fareham	211	211	147
Farnborough	100	79	42
Fleet	113	81	71
Gosport	726	561	434
Hamble	78	80	74
Hartley Wintney	73	77	60
Havant	95	94	101
Hayling	65	66	87
Liphook	33	31	30
Liss	52	42	30
Lymington	113	47	11
Petersfield	123	111	31
Portchester	138	134	100
Ringwood	86	50	49
Romsey*	—	132	198
Salisbury	46	59	23
Totton	181	182	96
West End	23	28	62
Whitehill	124	91	92
Winchester	—	40†	6‡
Total ...	3764	3817	2671

* Opened March 1948.

† Figures for half year only.

‡ Clinic closed after first quarter.

ANTE-NATAL BLOOD EXAMINATIONS.

Rhesus Screening, A.B.O. Grouping, Kahn and Wassermann Reaction.

Arrangements were made for the examination of blood from expectant mothers attending County Council Ante-Natal Clinics to include Rh. Screening, A.B.O. Grouping and Kahn and W.R. tests as from July, 1949.

Specimens from the Clinics in the Portsmouth Hospital Management Group area are examined by the Portsmouth and Isle of Wight area Pathological service, while the specimens from the Clinics in the rest of the County area are being dealt with by the South London Blood Supply Depot, until such time as the Pathologists in the Hospital Management Groups areas of Southampton, Bournemouth and Winchester are able to undertake this work.

The Hospital Pathologists undertook the Rh. Screening, A.B.O. Grouping and Kahn or W.R. tests on the Ante-Natal blood specimens sent to them by the General Practitioners from August, 1949.

Kahn and Wassermann Reaction.

Owing to re-organisation of the procedure for examination of blood specimens, figures for work carried out by the County Health Laboratory, Winchester, are only available for part of the year. Of the total of 552 specimens received there were positive results in 6.

(B) INSTITUTIONAL PROVISION.

1,486 women were admitted to Maternity Homes as follows:—

Maternity Home

Allbrook, Rookwood	...	...	138
Barton-on-Sea, The Grove	...	...	225
Basingstoke, The Shrubbery	...	...	322
Boscombe, Aston Grays	...	...	177
Emsworth, Northlands	...	...	21
Gosport, The Blake	...	...	255
Liss, The Grange	...	...	203
Lyndhurst, Hillrise	...	...	145
			1486

3,126 women were admitted to Hospital beds as follows:—

Hospital

Aldershot Maternity Unit	...	...	272
Andover W.M. Hospital	...	...	144
Boscombe R.V. Hospital	...	...	144
Farnham County Hospital	...	...	45
Fordingbridge Hospital	...	...	108
Farnborough Maternity Unit	...	...	224
Frimley and Camberley Hospital	...	...	9
Hythe and District Hospital	...	...	120
Lyndhurst, Fenwick Hospital	...	...	173
Portsmouth, St. Mary's Hospital	...	...	550
Reading, R. Berks Hospital	...	...	38
Romsey and District Hospital	...	...	111
Salisbury General Infirmary	...	...	52
Sandleford Hospital, Newbury	...	...	6
Southampton Borough Hospital	...	...	116
Winchester, R.H.C. Hospital	...	...	936
Winchfield Hospital	...	...	78
			3126

2,414 applications were received for admission to maternity beds. Of these 2,206 were recommended and accommodation was provided. In 208 cases investigation showed that (a) home confinement could be arranged if a bed in the hospital or maternity home was not available and (b) there was every convenience for domiciliary confinement. Beds were provided in all but 50 of these cases.

III. TREATMENT OF MOTHERS AND YOUNG CHILDREN.

A. DENTAL TREATMENT.

The arrangements for the dental treatment of expectant and nursing mothers and young children were continued during 1949 on the same lines as those after the 5th July, 1948, each County Dental Officer being responsible for the treatment of the patients in his or her area in addition to school children and the facilities of the School Dental Service were used for their treatment.

Expectant and Nursing Mothers.

Patients were inspected and treated on the recommendation of Medical Officers in charge of Ante-Natal Clinics, general medical practitioners, midwives and health visitors. Complete treatment to render them dentally fit was given or offered to all expectant and nursing mothers referred to the clinics and when for varying reasons the treatment of expectant mothers could not be completed before confinement, it was continued as soon as possible afterwards. Dentures were provided for all patients in need of them.

A summary of the cases dealt with is as follows:—

	Number Examined	Number Needing Treatment	Number Actually Treated	Number made Dentally Fit
Expectant Mothers ... (examined and treatment com- menced before confinement)	397	386	409*	323
Nursing Mothers ... (examined and treatment com- menced after confinement)	29	29	33*	29
Total ...	426	415	442*	352

* The difference between this number and the number examined in Column 1 is accounted for by cases examined 1948, but not receiving their treatment until 1949.

Details of the work carried out during the year for expectant and nursing mothers are as follows:—

Cases actually treated	...	...	...	442
Attendances for Treatment	...	...	...	1062
Administration of General Anaesthetics	...	...	...	162
Number of teeth filled	...	...	...	249
Number of fillings	...	...	...	258
Number of extractions	...	...	...	934
Root Fillings	...	...	...	5
Other Operations	...	...	...	62
Scaling and Cleaning	...	...	...	104
Gum Treatment	...	...	...	55
Attendances for provision of Dentures	...	...	...	414

Dentures supplied:—

Full upper and lower	...	...	...	28
Partial upper only	...	...	...	19
Partial lower only	...	...	...	9
Partial upper and lower	...	...	...	33
Additions and repairs	...	...	...	5
Total	...	...	...	94

Children under 5 years of age.

These were referred to the County Dental Officers for examination by Medical Officers and Health Visitors attending Child Welfare Centres, Toddlers Clinics and Day Nurseries and by Health Visitors when home-visiting. In many cases the parents made direct application for treatment.

(a) Dental Treatment.

A summary of the cases dealt with is as follows:—

Number Examined	Number Needing Treatment	Number Actually Treated	Number made Dentally Fit
988	968	961	947

The treatment carried out during the year for children under 5 years of age was as follows:—

Children actually treated	...	...	...	961
Attendances for Treatment	...	...	...	1352
Administrations of General Anaesthetics	...	...	...	349
Number of teeth filled	...	...	...	530
Number of fillings	...	...	...	537
Extractions:—				
(a) for caries	...	...	...	812
(b) for orthodontic reasons	...	...	...	4
Teeth treated by Silver Nitrate	...	...	...	814
Other Operations	...	...	...	53
Scaling and Cleaning	...	...	...	13
Gum Treatment	...	...	...	40

(b) *Defects of Vision.*

SUMMARY OF ATTENDANCES OF PRE-SCHOOL CHILDREN AT OPHTHALMIC CLINICS.

			New Cases	Re-examinations	Totals
Number of invitations	...	...	311	316	627
Number of attendances	...	...	273	256	529
Glasses ordered for first time	...	...	108	33	141
No re-examination necessary	...	...	30	55	85
Re-examination necessary — no glasses	...	...	134	58	192
Other Defects:—					
Treatment ordered	...	...	1	—	1
No treatment necessary	...	...	—	—	—
Lenses changed	...	...	—	37	37
Present glasses suitable	...	...	—	70	70
Glasses to be discontinued	...	...	—	2	2
Recommended for orthoptic treatment	...	...	—	—	23
Referred for advice re operative treatment	...	...	—	—	17

NOTE. — In addition to the above, 17 children were recorded as having had ophthalmic treatment other than at the Clinics.

Operations.

17 children examined by Dr. Stoddart were referred to Ophthalmic Departments of Hospitals for advice as follows:—

SQUINT.

- 2 cases received operation.
- 5 cases decision postponed.
- 2 cases no operation was advised.
- 3 cases were recommended for orthoptic treatment.
- 1 case was recommended for occlusion.

NYSTAGMUS.

- 3 cases decision postponed.

PTOSIS.

- 1 case decision postponed.

During the year, 20 children were reported as having had in-patient treatment in Hospitals. Operations were carried out for Squint (12), Cataract (2), Cyst (1), Ulcer (2) and other treatment given for Buphthalmos (1), Orbita Injury (1) and Epiphora (1).

Glasses.

During the year, 178 pairs of glasses were prescribed and approximately 154 were provided, including arrears for 1948.

Orthoptic Treatment.

During the year, 23 children examined by Dr. Stoddart were recommended for orthoptic examination and/or treatment and 14 cases which could not attend the Alton, Andover, Basingstoke and Winchester Orthoptic Clinics were referred to the Ophthalmic Departments of the following Hospitals with whom arrangements have been made for children to receive orthoptic treatment:—

Hospital	Cases Referred
Boscombe, Royal Victoria	2
Guildford, Royal Surrey County	4
Portsmouth, Eye and Ear	4
Reading, Royal Berkshire	1
Southampton, Free Eye	3

The other 9 cases referred by Dr. Stoddart, 4 were dealt with by Miss Sharland before her resignation and the other 5 have been added to the waiting list for treatment at these Clinics when a new Orthoptist is appointed. The position of the 4 cases examined by Miss Sharland is as follows:—

1 case on treatment.

3 cases too young for treatment and on occlusion.

(c) *Treatment of Ringworm of the Scalp.*

During 1949, 4 cases of scalp ringworm were reported in children under five years of age compared with 5 cases in 1948. They were all contacts of school children with ringworm.

In one family at Eastleigh, two children, aged 3 and 4 years, received X-Ray Treatment (*Microsporum audouini*) and in one family at Aldershot, one child aged 4 years received X-Ray Treatment and one child aged 2 years received other treatment (*Microsporum felineum*, syn. *m. canis*).

(d) *Defects of Ear, Nose and Throat.*

From the reports received from Hospitals, the following is a summary of the cases treated during the year and includes cases referred by Assistant County Medical Officers and by general medical practitioners:—

<i>Defects of Nose and Throat.</i>					<i>Total Number Treated</i>	
Received operative treatment:—						
(a) for adenoids and chronic tonsilitis	...	...	...	...	258	
(b) for other nose and throat conditions	...	...	...	...	—	
Received other forms of treatment	...	...	...	...	5	
					—	
					263	
					—	
<i>Diseases of the Ear.</i>						
Received operative treatment:—						
Mastoidectomy — left	...	...	...	...	8	
right	...	...	...	...	5	
bilateral	...	...	...	...	2	
					—	15
Myringotomy	...	...	...	...	10	
					—	25
Received other forms of treatment:—						
Otitis Media	...	...	...	...	40	
Otorrhoea	...	...	...	...	7	
Defective Hearing	...	...	...	...	1	
Other conditions	...	...	...	...	11	
					—	59
					—	
						84

(e) *Orthopaedic Defects.*

The following table shows the work done in the Clinics and in the Lord Mayor Treloar's Hospital at Alton for children under 5 years of age. The proportion of children of these ages on the clinic registers has been rising in the last three years and the rise is due equally to the numbers attending with congenital deformities and to those attending with acquired deformities as seen in the table below:—

Year	1945	1946	1947	1948	1949
Number of children on clinic books per 1,000 aged 0-4	9.8	9.8	10.1	11.7	12.5
Number of children on clinic books suffering from Congenital deformities per 1,000 children aged 0-4	4.1	3.9	3.6	4.0	4.6
Proportion suffering from acquired deformities	4.7	4.5	5.0	6.2	6.6

Defect Group No.	CLINICS										HOSPITALS											
	DEFECT	Total No. attending Dec. 31st, 1948	Awaiting Hospital Treatment	Under Clinic Supervision only	New cases admitted to Register during 1949	Recommended Hospital Treatment	Recommended Clinic Supervision only	No Treatment required	Cured	Improved	DISCHARGED			Refused Treatment Left County or Died	Total No. on Books Dec. 31st, 1949	No. in Hospital Dec. 31st, 1948	New Cases Admitted, 1949	Cured	DISCHARGED			No. in Hospital Dec. 31st, 1949
											Needing no Treatment	Over 16	Needing no Treatment						To attend Clinic	Improver	Stationary	
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
1	CONGENITAL DEFORMITIES:—																					
2	Torticollis	35	—	35	33	2	30	1	1	16	2	—	8	41	2	2	2	4	—	—	—	—
3	Spinal Malformations	4	—	4	3	—	3	—	—	1	—	—	4	2	—	1	1	1	—	—	—	—
4	Dislocation of Hip	11	—	11	8	1	7	6	—	1	—	—	4	4	6	6	6	10	—	—	—	2
5	Talipes Equino Varus	96	6	90	51	—	45	1	—	6	7	—	27	107	7	7	7	7	—	—	—	6
6	Other	63	25	38	36	12	23	—	—	4	2	—	15	78	3	23	23	23	1	—	—	2
7	INFLAMMATORY CONDITIONS:—																					
8	Osteomyelitis	—	—	—	1	—	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—
9	Suppurative Arthritis	2	—	2	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—
10	Rheumatoid Arthritis	1	—	1	—	—	—	—	—	—	—	—	1	—	1	1	1	1	—	—	—	1
11	Other	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12	TRAUMATIC CONDITIONS:—																					
13	Fracture	1	—	1	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—
14	Dislocation	4	1	3	—	—	—	—	—	1	—	—	2	1	—	2	2	—	—	—	—	2
15	Injury to Soft Tissues	1	—	1	3	—	3	—	—	—	—	—	—	4	—	—	—	—	—	—	—	—
16	Other	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
17	PARALYSIS:—																					
18	Anterior Poliomyelitis	24	—	24	2	—	2	—	—	1	—	—	6	19	—	6	6	5	—	—	—	1
19	Polioencephalitis	13	—	13	—	—	—	—	—	—	—	—	3	10	—	—	—	—	—	—	—	—
20	Spastic Paralysis	—	—	—	—	—	—	—	—	—	—	—	4	—	—	—	—	—	—	—	—	—
21	Muscular Dystrophy	4	—	4	1	—	1	—	—	—	—	—	2	3	—	—	—	—	—	—	—	—
22	Obstetrical Paralysis	4	—	4	6	—	6	—	—	—	—	—	3	4	—	1	1	—	—	—	—	1
23	Other	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
24	ACQUIRED DEFORMITIES																					
25	Kyphosis	—	—	—	3	—	3	—	—	—	1	—	2	—	—	1	1	—	—	—	—	—
26	Scoliosis	21	—	21	5	—	5	—	—	14	3	—	2	3	—	2	2	1	—	—	—	2
27	Genu Valgum	150	—	150	131	—	126	5	—	12	—	—	104	160	1	1	1	1	—	—	—	1
28	Bowed Tibiae	61	—	61	45	—	45	—	1	13	—	—	35	58	1	1	1	—	—	—	—	—
29	Pes Planus	72	—	72	58	—	54	4	—	3	6	—	40	81	—	—	—	—	—	—	—	—
30	Pes Cavus	25	—	25	2	—	2	—	—	—	—	—	2	7	1	—	—	—	—	—	—	—
31	Hallux Valgus and Ham. Toes	10	—	10	11	—	10	1	—	1	—	—	10	17	1	1	1	1	—	—	—	—
32	Other Defects	22	—	22	15	1	14	—	—	2	—	—	5	30	—	1	1	—	—	—	—	—
33	DISEASES OF BONE:—																					
34	Neoplasm	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
35	Dystrophies	22	—	22	24	—	23	1	—	5	1	—	11	29	—	1	1	—	—	—	—	—
36	Other Defects	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
37	TOTALS	611	32	579	438	16	403	19	2	68	22	—	294	663	22	55	—	58	1	—	—	18

Cleft Lips and Palates.

HOSPITAL TREATMENT — 1949

Diagnosis	Group No.	In Hospital 31.12.48	Admitted 1949	Discharged 1949	In Hospital 31.12.49
Cleft Lips	1	—	3	3	—
	2	—	—	—	—
	3	—	—	—	—
Cleft Palate	1	—	1	1	—
	2	2	—	1	1
Combination of Groups ...	1	—	9	8	1
	2	—	—	—	—
	3	2	3	4	1
Total		4	16	17	3

The classifications mentioned above are as follows:—

- Group 1 cases:—these are pre-alveolar clefts and are operated on after weaning — 9 months.
- Group 2 cases:—these are post-alveolar clefts and are repaired before speech is attempted at about the age of 1 year.
- Group 3 cases:—in these, the alveolar arch is cleft as well as the lip; the aim is to repair the lip as soon as the child is thriving, if possible, at the age of 6–8 weeks.

Cases known to the Department at present are:—

Year of Birth	Pre-1941	1941	1942	1943	1944	1945	1946	1947	1948	1949
No. of Cases	14	1	2	4	5	3	8	7	11	10

MIDWIFERY AND HOME NURSING

I. MIDWIFERY.

During the year 1949 Hampshire County Council Midwives and District Nurse Midwives attended as midwives 3,854 cases, and as maternity nurses 560 cases.

Independent midwives attended in the patients' own homes 49 women as midwifery cases and 110 as maternity cases.

The total number of calls for medical aid issued by midwives was 2,153.

The number of midwives who were qualified at the end of the year to administer Gas/Air Analgesia was 149. Four midwives took the Course during the year and obtained the necessary certificate of proficiency.

The number of cases in which Gas/Air was administered was 2,107, when acting as midwives, 268 when acting as maternity nurses.

Sterilised Maternity Outfits were supplied to 3,928 patients.

Lectures to Midwives.

A series of lectures to midwives was again arranged and the lecturers, subjects and attendances were as follows:—

Date	Lecturer	Subject	Attendance
April 23	Mr. Adrian Hill	Rhesus Factor in Pregnancy	71
May 28	Dr. Leslie Housden	Preparation for Marriage and Family Life	34
June 25	Miss McCormick	New Drugs in Midwifery, with special reference to Analgesia	40
July 23	Mr. Philip Mitchell	Ante-partum and Post-partum Haemorrhage	32
Sept. 24	Miss G. M. Spear	Infant Feeding	40
Oct. 22	Dr. R. M. Warren	Venereal Diseases	40

During the year, 12 midwives attended 1-week refresher courses under the auspices of the Royal College of Midwives.

II. HOME NURSING AND MIDWIFERY.

SUMMARY OF NURSES' WORK, 1949

District	CASES			VISITS		
	Mid.	Mat.	Gen.	Mid. and Mat.	Gen.	A.N. and P.N.
Andover	201	16	783	4740	10993	3194
Romsey and Stockbridge	192	39	1206	4550	14558	3059
Winchester City	57	15	510	1251	8132	367
Eastleigh M.B.	102	72	341	3397	12923	1815
Winchester R.D.	286	79	1598	6605	24182	4246
Aldershot and Farnborough	370	54	583	7144	11109	3867
Alton	162	54	632	3194	9643	1768
Fleet and Hartley Wintney	117	88	790	3228	9190	2865
Basingstoke M.B.	77	11	430	1696	5280	1453
Basingstoke R.D.	111	17	620	2074	7707	2291
Kingsclere and Whitchurch	152	35	387	3135	7361	2099
Gosport	560	47	724	11372	14231	10592
Fareham	253	79	1405	3994	13214	2359
Havant and Waterloo	225	53	916	4668	11962	6474
Droxford	146	70	355	3933	5723	1963
Petersfield	167	27	733	3946	12694	6370
Christchurch	134	55	860	3394	12458	2670
Lymington	76	42	508	2089	7878	1921
New Forest	155	44	952	3728	18347	2938
Ringwood and Fordingbridge	116	42	629	3047	14233	1626
Totals ...	3659	939	14962	81185	231818	63927

No. of Nurses employed on 31.12.49

District	Midwife	Gen. Nurse	District Nurse Midwife
Andover	—	2	8
Romsey and Stockbridge	—	—	10
Winchester City	2	3	—
Eastleigh M.B.	3	4	2
Winchester R.D.	—	—	14
Aldershot and Farnborough	6	4	1
Alton	1	1	6
Fleet and Hartley Wintney	—	—	9
Basingstoke M.B.	3	2	—
Basingstoke R.D.	—	—	7
Kingsclere and Whitchurch	—	—	6
Gosport	10	4	1
Fareham	3	3	7
Havant and Waterloo	4	4	1
Droxford	—	—	5
Petersfield	1	1	8
Christchurch	2	2	3
Lymington	—	1	5
New Forest	—	—	11
Ringwood and Fordingbridge	—	—	7
Relief Nurses	—	—	4
Totals ...	35	31	115

No. of Queen's Nurses	51
„ District Nurse Midwives (S.R.N., S.C.M.)	78
„ Village Nurse Midwives (S.C.M.)	35
„ General Nurses (S.R.N.)	14
„ Assistant Nurses	3
Total	181

Resignations were received from 14 nurses and midwives. Of these 2 were for marriage, 4 retirement, 2 home ties, 1 health, 5 other work. Fifteen new

appointments were made, 10 of them Queen's Nurse Midwives, of whom 7 were County Candidates, 2 District Nurse Midwives, 2 General Nurses, and 1 Midwife.

Miss Engledow was appointed Deputy Nursing Superintendent and Supervisor of Midwives on 1st January, 1949.

The first of a series of Staff Conferences were held in the areas of the District Health Sub-Committees in July, September and October. The aim of these meetings is to strengthen co-operation among the Nurses and with the Supervisors and to keep them in touch with developments in the Health and Welfare Services.

RE-ORGANISATION OF NURSING DISTRICTS.

During the year a plan to re-organise certain nursing areas was approved, the object of which was to equalise the work of the Nurses, and, as far as practicable, to have the areas served by Nurses and Midwives entirely within the boundaries of one Local Sanitary Authority. The deciding factors in all areas under review was to ensure full-time employment and allow for reasonably speedy response to calls. Only minor alterations have been effected during the year but further re-organisation of nursing areas will take place as opportunity occurs.

RE-GROUPING OF NURSING DISTRICTS DURING 1949 AND ALTERATIONS IN ESTABLISHMENT.

<i>Position at 31.12.48</i>	<i>During 1949</i>	<i>Present District</i>
<i>Abbotts Barton</i> ...	Midwives reduced to 2, General Nurses increased to 3.	No. of Nurses: 3 General, 2 Midwives.
<i>Alton</i> ...	Internal changes to equalise the work of the Nurses. No change in number of staff. Remains at 9.	
<i>Fareham</i> ...	Reduction of 1 Nurse-Midwife at Warsash.	Total staff 11.
<i>Gosport</i> ...	Reduction of 1 Midwife.	Staff reduced from 16 to 15.
<i>Havant</i> ...	Increase in staff: Cowplain, 1.	Total staff 10.
<i>Petersfield</i> ...	Cowplain transferred to Havant. Staff unchanged.	„ „ 9.
<i>Romsey</i> ...	Increase in staff: Redbridge and Millbrook, 1 District Nurse Midwife, Area Relief, 1.	Total number of Nurses 11.
<i>Winchester</i> Chilcombe Sparsholt	Chilcombe and Abbotts Barton to Itchen Valley and Kings Worthy respectively.	Winchester City. Hursley and Sparsholt from 1.1.50.

Houses Provided for Nurses by the County Council.

69 Houses were provided by the County Council for the accommodation of
1 Superintendent
80 Nurses

Of the 69 Houses, 12 are owned by the County Council, 22 are rented from Local Housing Authorities, 35 are rented chiefly from the late District Nursing Associations and a few from private individuals.

In addition, 3 Houses are let direct to nurses by Local Housing Authorities.

Transport for Nurses and Midwives.

At the 31st December, 1949, 121 County Cars were in use.

108 by Nurses and Midwives
3 by Superintendents
10 as Spare cars used by Emergency Nurses and when cars are being repaired.

36 Nurses and Midwives used their own cars and received official allowances.

2 Nurses used auto-cycles provided by the County Council.

1 Nurse used an auto-cycle and received appropriate allowance.

25 Nurses cycle, of which 7 own their bicycles and receive the appropriate allowance.

Of these 25 it is estimated that 15 would qualify for the use of a car, but are not provided with one through inability to drive.

Assistance to District Nurses.

I detailed in my report for 1948 the Proposals submitted and approved by the Ministry of Health following discussions with the Order of the St. John Ambulance Brigade and the British Red Cross Society for inclusion in the County Council's Scheme under Section 28 of the National Health Service Act, 1946.

Arrangements to supplement the work of the District Nurses were to be made through the organisations mentioned, but it has not been possible to provide help through the Order of St. John. However, during the period October, 1948, to December, 1949, work including general simple nursing duties, e.g. blanket baths, simple dressings, sitting up at night, bathing babies, etc., has been undertaken through the British Red Cross Society in 552 cases. Help has been possible in numerous parts of the County area, in fact in all the areas where there is a British Red Cross Society's detachment. In Fareham, although nine cases have been given assistance, this involved 1,220 weekly or daily visits, and the help given by those members of the British Red Cross Society to the District Nurses is extremely valuable and has been greatly appreciated.

NURSING HOMES.

During the year 1949, 9 Nursing Homes were closed. These had provided for a total of 30 beds of which 14 were reserved for maternity cases. The total number of patients admitted to these Nursing Homes during the year was 16 of which 11 were maternity cases.

Five Homes were newly registered during the year, providing 89 beds of which 9 are reserved for maternity cases. During the year, 133 patients were admitted to these new Nursing Homes of whom 3 were maternity cases.

At the close of the year 1949 there were 61 Nursing Homes functioning in the County Area, providing 594 beds of which 112 were for maternity cases. During the year, 2,376 patients were admitted to these Nursing Homes of whom 996 were maternity cases.

The number of inspections of Nursing Homes during the year was 73.

DOMESTIC HELP

Further development of this Service has only been possible after a screening of all cases being helped and a review of the general arrangements.

Consultations have been held with the Regional Hospital Board, the County Children's Officer and the County Welfare Officer, with the result that all concerned have appreciated that the Service is primarily an emergency one and that help cannot be provided automatically.

A review of cases being helped on a selected day revealed the following distribution of cases:—

Maternity Cases	General Sickness Cases	Chronic Sickness	Aged and Infirm	Post Operative Cases	Tuber- culous Cases	Other Infectious Diseases	TOTAL
83	93	73	139	40	22	1	451

From these figures can be seen the help being given to the Regional Hospital Board, thus assisting in the quicker turnover of beds. Considerable help is also given to the Children's Committee, leaving free for admission to hostel or foster home the really deprived child. Help to the aged helps the Welfare Committee and also gives that necessary independence to old people who are most anxious to stay in their own home among friends and neighbours.

These 451 cases, it was found, were receiving help and making payments as follows:—

Number of Hours per Week given to Individual Cases (on Selected Day)

<i>Under 20 Hours</i>	<i>20-30 Hours</i>	<i>Over 30 Hours</i>	
183	93	175	... 451

Contributions from Users of Service (on Selected Day)			
<i>Paying Whole Cost</i>	<i>Paying not less than Half Cost</i>	<i>Paying less than Half Cost — including no charge</i>	
93	37	321	... 451

The number of helpers employed and cases assisted during the year ended 31st December, 1949, were as follows:—

		<i>Home Helps Employed</i>		<i>No. of Cases Helped</i>
<i>Area</i>		<i>Whole-time</i>	<i>Part-time</i>	
<i>Division I</i>	Aldershot	43	18	}
	Basingstoke	3	4	
<i>Division II</i>	Fareham and Petersfield	26	13	}
	Havant	6	10	
<i>Division III</i>	Gosport	14	42	
<i>Division IV</i>	Winchester and Eastleigh	13	38	
<i>Division V</i>	New Forest	5	14	
		110	139	2114

PREVALENCE AND CONTROL OVER INFECTIOUS DISEASE

The following tables summarise the corrected quarterly returns of civilian notifications received during the year.

The incidence per 100,000 civilian population was as follows:

DISEASE	Scarlet Fever	Diphtheria	Enteric and Paratyphoid	Pneumonia	Puerperal Pyrexia	Cerebrospinal Fever	Acute Poliomyelitis	Acute Polioencephalitis	Dysentery	Ophthalmia Neonatorum	Erysipelas	Pulmonary Tuberculosis	Other Tuberculosis	Malaria	Measles	Whooping Cough	Food Poisoning
Notifications, 1948	412	9	15	252	64	12	20	3	20	29	83	417	93	—	3078	1714	—
No. per 100,000	71	1.5	2.6	44	11	2.1	3.5	0.5	3.5	5	14	73	16	—	535	298	—
Notifications, 1949	523	7	8	325	34	4	108	13	20	13	61	424	83	1	10011	987	153
No. per 100,000	90	1.2	1.4	56	6	0.7	19	2.2	3.5	2.2	10	73	14	0.1	1730	171	26

NOTIFICATIONS OF INFECTIOUS DISEASE, 1949

RURAL DISTRICTS

District		Estimated Population for mid. 1949	CASES OF INFECTIOUS DISEASE NOTIFIED DURING THE YEAR 1949																				Total Cases			
			Small Pox	Scarlet Fever	Diphtheria (including Membranous Croup)	Enteric and Paratyphoid Fever	Pneumonia	Cholera	Plague	Puerperal Pyrexia	Puerperal Fever	Cerebro-Spinal Fever	Acute Polyomyelitis	Acute Polioencephalitis	Encephalitis Lethargica	Dysentery	Ophthalmia Neonatorum	Erysipelas	Pulmonary Tuberculosis	Other Tuberculosis	Malaria	Measles (exclud. German Measles)		Whooping Cough	Food Poisoning	
ALTON	...	...	...	35	—	—	2	—	—	—	—	1	1	—	—	2	—	—	6	1	—	409	33	—	505	
ANDOVER	...	...	...	7	—	1	—	1	—	—	—	4	—	—	—	1	1	1	11	1	—	172	5	—	204	
BASINGSTOKE	...	...	...	8	—	—	1	12	—	—	—	—	—	—	14	1	—	—	14	5	—	234	27	—	316	
DROXFORD	...	...	...	16	—	—	—	2	—	—	—	—	—	7	—	—	1	1	10	2	—	205	21	—	264	
HARTLEY WINTNEY	...	...	...	7	—	—	—	6	—	—	—	5	—	—	—	—	3	3	13	1	—	315	11	—	361	
KINGSLERE AND WHITCHURCH	...	...	...	13	—	—	—	25	—	—	1	1	1	—	—	—	7	6	6	4	—	309	74	—	441	
NEW FOREST	...	...	...	14	—	—	—	13	—	—	5	—	1	26	—	2	6	28	4	—	—	639	75	15	828	
PETERSFIELD	...	...	...	29	—	—	—	2	—	—	—	—	1	—	—	—	1	10	3	—	—	344	46	—	436	
RINGWOOD AND FORDINGBRIDGE	...	...	...	11	—	2	—	31	—	—	2	—	1	2	1	—	1	2	15	2	—	545	47	1	663	
ROMSEY AND STOCKBRIDGE	...	...	...	33	—	—	—	4	—	—	2	—	2	—	—	—	2	17	4	—	—	250	25	—	339	
WINCHESTER	...	...	...	27	—	1	1	21	—	—	—	—	6	—	—	1	1	30	7	—	—	634	91	26	846	
TOTAL	...	250050	—	200	4	4	4	130	—	—	12	—	3	48	9	—	14	8	24	160	34	—	4056	455	42	5203

NOTIFICATIONS OF INFECTIOUS DISEASE, 1949

URBAN DISTRICTS

INFECTIOUS DISEASES

District	Estimated Population for mid. 1949	CASES OF INFECTIOUS DISEASE NOTIFIED DURING THE YEAR 1949																				Total Cases		
		Small Pox	Scarlet Fever	Diphtheria (including Membranous Croup)	Enteric and Paratyphoid Fever	Pneumonia	Cholera	Plague	Puerperal Pyrexia	Puerperal Fever	Cerebro-Spinal Fever	Acute Poliomylitis	Acute Polioencephalitis	Encephalitis Lethargica	Dysentery	Ophthalmia Neonatorum	Erysipelas	Pulmonary Tuberculosis	Other Tuberculosis	Malaria	Measles exclud. German Measles		Whooping Cough	Food Poisoning
ALDRSHOT ...	28150	—	55	—	—	1	—	—	3	—	—	6	2	—	—	—	3	24	3	—	352	10	3	462
ALTON ...	8390	—	39	—	—	18	—	—	—	—	—	—	—	—	—	—	—	3	3	—	31	9	—	103
ANDOVER ...	14170	—	6	2	—	2	—	—	—	—	—	9	—	—	—	—	1	12	1	—	184	4	—	221
BASINGSTOKE ...	16770	—	13	—	1	1	—	—	3	—	—	3	—	—	—	—	1	7	—	—	190	40	—	259
CHRISTCHURCH ...	19040	—	14	—	—	8	—	—	—	—	—	5	—	—	—	—	1	17	3	—	331	14	—	393
EASTLEIGH ...	29980	—	10	—	—	14	—	—	—	—	—	—	—	—	1	10	4	24	3	—	53	90	—	205
FAREHAM ...	40180	—	52	1	1	26	—	—	—	1	3	—	—	—	—	—	4	29	6	—	997	80	94	1294
FARNBOROUGH ...	20700	—	19	—	—	—	—	—	2	—	10	1	—	—	1	—	—	15	3	—	288	3	—	342
FLEET ...	8440	—	—	—	—	19	—	—	—	—	—	—	—	—	—	—	2	4	1	—	305	3	—	334
GOSPORT ...	49690	—	66	—	—	81	—	—	—	—	5	1	—	—	2	12	54	5	5	1	1859	106	—	2192
HAVANT AND WATERLOO ...	30800	—	18	—	2	2	—	—	1	—	5	—	—	—	—	—	—	24	2	—	399	10	7	470
LYMINGTON ...	22240	—	8	—	—	8	—	—	—	—	5	—	—	6	1	1	23	11	—	—	436	87	7	593
PETERSFIELD ...	6770	—	13	—	—	1	—	—	—	—	—	—	—	—	—	—	1	5	5	—	193	19	—	237
ROMSEY ...	6250	—	1	—	—	—	—	—	1	—	—	4	—	—	—	—	1	5	—	—	6	—	—	18
WINCHESTER ...	26990	—	9	—	—	14	—	—	12	—	—	5	—	—	—	—	—	18	3	—	331	57	—	449
TOTAL URBAN ...	328560	—	323	3	4	195	—	—	22	—	1	60	4	—	6	5	37	264	49	1	5955	532	111	7572
TOTAL RURAL ...	250050	—	200	4	4	130	—	—	12	—	3	48	9	—	14	8	24	160	34	—	4056	455	42	5203
ADMINISTRATIVE COUNTY ...	578610	—	523	7	8	325	—	—	34	—	4	108	13	—	20	13	61	424	83	1	10011	987	153	12775

The following table compares the incidence in 1949 in Rural and Urban Districts with that in 1948:—

	Year	Scarlet Fever	Diphtheria	Enteric and Paratyphoid	Pneumonia	Puerperal Pyrexia	Cerebro-spinal Fever	Acute Poliomyelitis	Polioencephalitis	Dysentery	Ophthalmia Neonatorum	Erysipelas	Pulmonary Tuberculosis	Other Tuberculosis	Malaria	Measles	Whooping Cough
Rural Districts	1948	176	3	10	125	15	6	11	1	3	12	38	145	44	—	1295	584
	1949	200	4	4	130	12	3	48	9	14	8	24	160	34	—	4056	455
Urban Districts	1948	236	6	5	127	49	6	9	2	17	17	45	272	49	—	1783	1130
	1949	323	3	4	195	22	1	60	4	6	5	37	264	49	1	5955	532
TOTALS ...	1948	412	9	15	252	64	12	20	3	20	29	83	417	93	—	3078	1714
	1949	523	7	8	525	34	4	108	13	20	13	61	424	83	1	10011	987

It will be seen that there was a reduced incidence of most notifiable diseases but a considerable increase in acute poliomyelitis and measles and a slighter increase in scarlet fever and pneumonia.

Deaths from notifiable infectious diseases during 1949 were as follows:—

Diphtheria	...	...	...	...	1
Cerebro-spinal Fever	...	...	...	...	1
Acute Poliomyelitis and Acute Polioencephalitis	...	...	...	...	8
Pulmonary Tuberculosis	...	...	...	...	164
Other Tuberculosis	...	...	...	...	26
Measles	...	...	...	...	13
Whooping Cough	...	...	...	...	5

Diphtheria.

The fatality from diphtheria was in the 15–45 age group.
The following table shows the age distribution of notifications of diphtheria:—

Age Group				1949
0–	...	...	...	—
1–	...	...	...	2
2–	...	...	...	1
5–	...	...	...	1
10–16	...	...	...	1
Over 16	...	...	...	2
Unknown	...	...	...	—
Total				7

Diphtheria Immunisation.

The following table shows that a slightly higher proportion of children, both below school age and in the group 5–15, were immunised in 1949 than in the previous year.

It is hoped that the risk of contracting poliomyelitis, which is practically negligible, or of developing paralysis as a result will not affect the acceptance rate for this treatment which has so materially reduced the incidence and fatality of this, once dread, disease.

	URBAN DISTRICTS												RURAL DISTRICTS													
	Aldershot	Alton	Andover	Basingstoke	Christchurch	Eastleigh	Fareham	Farnborough	Fleet	Gosport	Havant and Waterloo	Lymington	Petersfield	Romsey	Winchester	Alton	Andover	Basingstoke	Droxford	Harley Winney	Kingsclere and Whitchurch	New Forest	Petersfield	Ringwood and Fordingbridge	Romsey and Stockbridge	Winchester
Number born in years stated fully immunised by 31.12.49	1949	1949	1948	1948	1947	1947	1946	1945	1945	1945	1945	1945	1945	1945	1945	1945	1945	1945	1945	1945	1945	1945	1945	1945	1945	1945
Total estimated population born 1945-1949 as at mid-1949	3078	822	1482	1456	1289	2580	3685	2159	713	6013	2638	1648	542	573	2302	1939	1259	1206	1646	1677	1401	3696	1528	2046	2250	3542
Percentage fully immunised by 31.12.49	48.4	36.0	63.4	58.2	59.3	55.9	55.6	47.7	58.4	44.7	50.4	47.7	54.6	64.2	53.1	88.8	64.4	88.9	80.0	39.2	62.2	68.2	45.0	44.6	47.3	60.5
Number born in stated periods fully immunised by 31.12.49	1304	212	1476	1055	755	1511	2425	734	714	2758	1624	1425	348	294	1601	2590	808	537	2249	811	1388	2963	988	1385	1120	2976
Percentage fully immunised by 31.12.49	702	274	1083	766	926	1489	2845	597	499	2422	1671	1269	316	464	1571	417	417	92	336	336	1354	2241	1216	1183	891	2440
Total estimated population born in 1935-1944	4383	1230	2036	2211	2148	4007	6091	3243	1152	8139	4095	2856	1047	933	4279	3140	1885	2093	2490	2799	2556	6063	2871	3060	3752	5521
Percentage fully immunised by 31.12.49	45.8	39.5	100	82.6	78.1	74.9	86.5	41.1	100	63.6	80.4	94.3	63.4	81.1	74.2	82.7	65.0	30.1	90.1	41.1	100	85.7	76.9	83.8	53.7	98.1
Percentage of all born 1935-1949 fully immunised by 31.12.49	46.8	38.1	99.4	72.7	71.2	67.3	73.5	43.7	87.3	55.6	68.7	77.4	60.4	74.8	66.6	85.1	64.4	51.7	86.5	40.3	91.2	67.4	65.9	68.1	51.2	83.5

Percentage of Children Immunised in County Area at December 31st:—

	Urban			Rural			County		
	1947	1948	1949	1947	1948	1949	1947	1948	1949
Age Group {	45.8	47.0	53.2	55.8	61.1	62.7	49.6	53.1	57.1
5-15	77.9	71.3	73.4	71.4	75.8	73.4	75.4	73.2	73.4
Both Groups	64.8	61.8	63.3	66.9	70.2	68.0	65.6	65.4	67.1

The number of notified cases was seven (four under 16 years of age and three over). Of these, two were reported to have had prophylactic treatment. Enquiries were made concerning the previous immunisations, the character of the illness and its results in these two cases, with the following result:—

1949 Notified during week ended	Local Sanitary Authority	Case	Age	Prophylactic Used	Notes from Isolation Hospital etc.
(1) 29th January ...	Ringwood and Fordingbridge Rural	S.S.	2½	A.P.T. 0.2 c.c. 14.5.47 A.P.T. 0.5 c.c. 11.6.47	A Clinical case of Diphtheria
(2) 17th December ...	Fareham Urban	S.F.	4½	A.P.T. 0.2 c.c. 21.11.46 A.P.T. 0.5 c.c. 18.12.46	A Clinical case of Diphtheria

Acute Poliomyelitis.

As mentioned earlier, the incidence of acute poliomyelitis was greater in 1949 than in the previous year, a total of 108 notifications being received in addition to 13 notifications of polioencephalitis. The quarterly incidence was more usual, the majority occurring in the third quarter and then a gradual diminution from November onwards. The only point of interest was that the onset of the summer increase was characterised by a sharp explosive outbreak in a part of the New Forest Rural District which included some very fulminating cases.

The incidence in Rural Districts was 22.8 per 100,000 population and in Urban 19.5, which compares with 19.8 and 14.5 respectively in the 1947 outbreak.

The comparative yearly incidence is shown in the attached diagram.

Measles.

There were 10,011 notifications of this disease in 1949 and 13 deaths attributed by the Registrar-General this year, a morbidity rate of 1.3 per thousand cases; in 1948 there were 2 deaths from 3,078 cases, giving a morbidity rate of 0.7 per thousand. The increase in measles in alternate years is usual and the increased morbidity may be considered with the increase in scarlet fever (a streptococcal disease) and pneumonia.

Ophthalmia Neonatorum.

Thirteen cases were notified in 1949; one was found to be gonococcal in origin and the baby admitted to St. Mary's Hospital, Portsmouth. In no case did impairment of vision result.

Whooping Cough Prophylaxis: The County proposals under Section 26 of the National Health Service Act, 1946, include the continuation of the Scheme for Whooping Cough Vaccination originally operated in the Rural District of Droxford as approved by the Ministry of Health on the 29th June, 1942. This Scheme provides for immunisation to be carried out at the surgery of the general practitioner on completion by the parent or guardian of special cards, supplies of which are sent to schools and distributed by Health Visitors.

During the year ended 31st December, 1949, twenty-eight children completed a course of inoculation with pertussis vaccines (including alum-precipitated vaccines and vaccines combined with diphtheria prophylactic). The age at date of final injection was: under 1 year — 16; 2–4 years — 12; 5–15 years — nil; total 28.

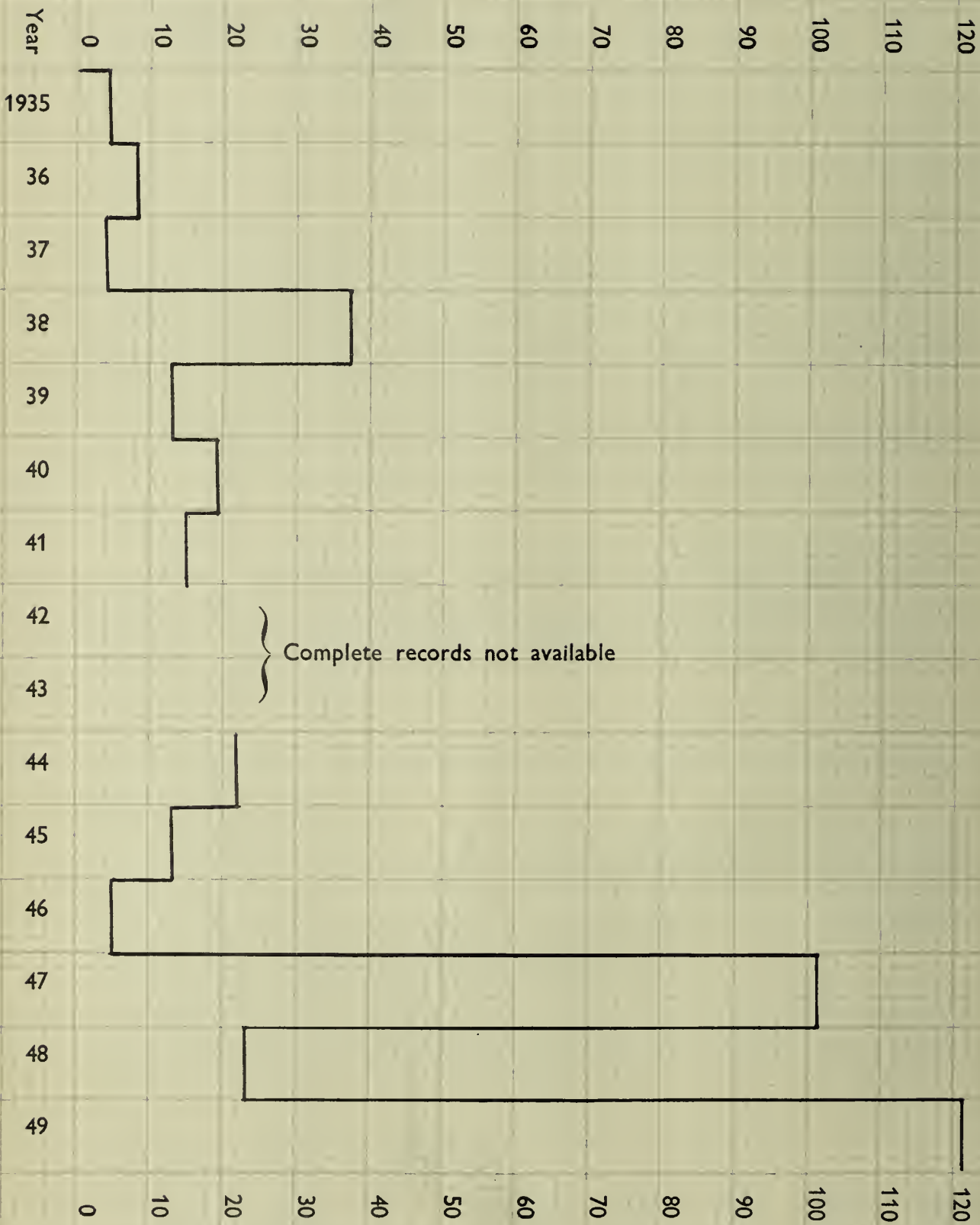
Smallpox — Vaccinations.

No cases occurred in 1949 in this County. The following is a statement of vaccinations carried out during 1949:—

			Under 1	1–4	5–14	15 or over	Total
Number Vaccinated	...	...	3608	289	184	260	4341
Number Re-vaccinated	...	...	nil	66	262	1063	1391

It has been calculated by Dr. Conybeare of the Ministry of Health that 36.5 per cent of children born in the year ending 30th June, 1949, were vaccinated last year, whereas only 30.4 per cent of children born January–June, 1948, were vaccinated in the six months July–December, 1948. There then appears to be no diminution in the extent of infant vaccination. It would appear that of a large

INCIDENCE OF POLIOMYELITIS AND POLIOENCEPHALITIS IN HAMPSHIRE



number of counties for which similar figures are available this County ranks highest in this respect. All Health Visitors are instructed to press the advisability of this protective measure.

Food Poisoning.

This was included on the quarterly returns to be made by Medical Officers of Health for the first time in 1949.

There was only one large outbreak during this year in which 94 out of a total of 250, who had consumed a cold fish salad lunch prepared the previous evening and left in the kitchen overnight, were affected. The condition of those affected was not serious and the cause not completely established though bacteriological investigations render it likely to have been infection of the food by *Staphylococcus aureus*.

All District Councils have taken action during the year to minimise the risks of infection conveyed by food by inspection of premises and advice to occupiers, promotion in several places of Hygienic Food Handlers Guilds and other methods.

TUBERCULOSIS

Death Rates.

The attached diagram shows that the death rate from pulmonary tuberculosis was slightly less in 1949 than in the previous year, as also the death rate from non-pulmonary.

Of the 164 deaths recorded, the age and sex distribution was as follows:—

Age Group	Male Number of Deaths	Female Number of Deaths
15-44	35	40
45-64	49	17
65-	18	5

If the age and sex constitution of the population in 1949 is assumed to have been approximately the same as in 1947, the actual death rate per 100,000 persons living in the age and sex groups mentioned was as follows:—

Age Group	Male		Female	
	Number of Deaths 1949	1947	Number of Deaths 1949	1947
15-44 	34	49	31	32
45-64 	88	82	24	23
65- 	61	44	13	15

There then appears to be a considerably greater loss of life from pulmonary tuberculosis among males and there also appears to be a tendency for death to occur at a later age.

Notifications.

In 1949 there were 424 cases of pulmonary tuberculosis notified and 83 of non-pulmonary, giving a rate per 100,000 population of 73 and 14 respectively, which compares with 73 and 16 for 1948.

Prevention of Tuberculosis.

New cases of tuberculosis arise from infection, in appropriate doses, of susceptible persons by others already affected.

There are therefore two factors involved. The susceptibility of the recipient of infection and the amount of infection received. The first depends on the individual constitution and the general state of health which largely depends on nutritional factors as shown by the increase of tuberculosis in times of scarcity. The latter to a very great extent depends on the number of cases who are in an infectious state and not aware of their condition, since all known infectious cases are given instructions into the methods they should adopt to minimise any risk to persons with whom they may come into contact. In addition, their close contacts are kept under observation by the Chest Physicians and Tuberculosis Nurses to see that their state of health is as good as possible to resist infection, their contact is as limited as possible and the first signs of infection are detected so that early treatment may be given.

Prevention of Infection from Known Cases.

The well-known difficulty of securing admission to Sanatoria and the present shortage of houses renders the problem of prevention by segregation difficult. On this aspect I have been furnished with the following information:—

CLINIC	Aldershot	Andover	Basingstoke	Christchurch	Eastleigh	Fareham	Gosport	Havant	Totton	Winchester
Number of patients with positive sputum without separate sleeping facilities	19	4	1	7	13	0	0	0	5	0
Number of cases on Dispensary Registers	433	136	155	318	319	332	403	271	215	163

In addition to these cases who share a bed there are a number who have to share a bedroom. In order to get over this undesirable situation, shelters are provided whenever they can be erected and will serve a useful purpose of segregation. There are 41 of these in the County at the moment; it is impossible in some cases to find a space in which a shelter can be erected and in others proposed use of a shelter is not made.

Where the shortage of bed or bedding prevents separate sleeping accommodation being available this is supplied on loan, and in 1949 this loan was extended to 30 cases, all for whom the Chest Physicians made application.

Two other means are useful in prevention of infection from known cases:—

(a) The removal of susceptible children from a household where there is an infectious case. This is done through the Department of the County Children's Officer; she has, however, great difficulty in finding accommodation and during 1949 only 2 children were boarded out.

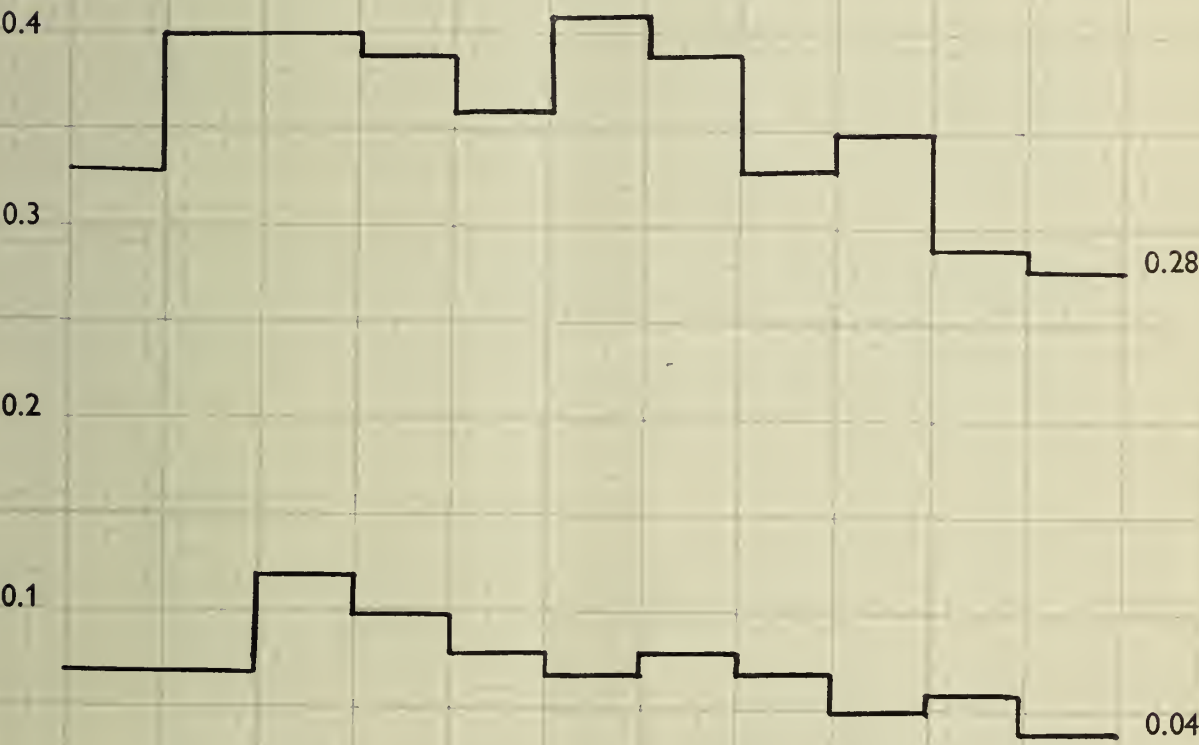
(b) The retention in sheltered occupation of chronic cases so that not only they can help to earn their livelihood without undue risks of deterioration in health but also that they can do this under such conditions as to avoid close contact with susceptible persons.

I attach an extract from some notes by Dr. Capes, Administrative Chest Physician, Western Area, and Medical Superintendent of the Sanatorium for men at Bishopstoke.

In 1941 a five-year review of patients ending their treatment at the Mount showed that 55% had died (28% in the Sanatorium), 14% had active disease, and only 26% were quiescent. Thus, in addition to those dying in the Sanatorium, failure to control the disease was met with in another 41%. Moreover, 20% of the patients admitted had a history of contact with a known case of Tuberculosis either at home or at work, and about an equal number were relapse patients. Thus Tuberculosis lived up to its reputation of being a chronic infectious disease of doubtful prognosis, often terminating in the death of the sufferer and punctuated by periods of ill-health limiting the individual's capacity for work. Even prolonged periods of Sanatorium treatment though combined with all the intensive methods we could employ, left much to be desired. Complete healing at the end of Sanatorium treatment was unusual and only 25% of all Tuberculous patients became fully productive members of the community to live a normal family life without endangering their own lives and the lives of those around them, and then only by the exercise of care over varying periods. This 25% constituted the quiescent group and was made up mostly of those

DEATH RATE FOR TUBERCULOSIS

Year	1939	40	41	42	43	44	45	46	47	48	49
P.T.	0.33	0.40	0.40	0.39	0.36	0.41	0.39	0.33	0.35	0.29	0.28
N.P.T.	0.07	0.07	0.13	0.10	0.08	0.07	0.08	0.07	0.05	0.06	0.04



patients with a limited amount of disease. Of the remainder, those who were very ill required residential treatment for the rest of their limited lives, and for the others, approximately 40% — the so-called good and bad chronics — the retardation of the disease process, which was brought about by the Sanatorium routine of good food, improved living conditions and balanced rest and exercise, was not maintained when these working-class patients returned to their homes. The patients, whether Tuberculous negative or not, really able to work or not, attempted to get some work in order to live. Some became too ill for work, and others went on working for years, though not really fit. Relapse was determined by the type of work, working hours and time spent in travelling. Often the sufferer delayed accepting treatment again because of the economic disturbance and disorganisation of their home. Bad housing conditions and poor financial circumstances materially affected the risk of infection and disease in the family contacts, and so a vicious circle was set up. The problem was how to prevent the quiescent patient from relapsing and how to segregate the chronic infectious case. Since the Sanatorium, with its necessary restraints, could not hold a patient for an indefinite period, some other solution had to be found to bring the needs of the individual and those of the community into harmony. The International Union Against Tuberculosis, in considering the need for providing temporary and permanent sheltered employment made various suggestions, and eventually decided that the settling of patients in colonies where protected living and working conditions were provided did more to achieve efficient comprehensive after-care than any other method, and was the ideal solution. The unit of treatment was the Tuberculous person and his environment and only a system which dealt with curative, remedial and preventive measures could meet the problem.

It was on this basis that Mountoys was launched in 1942 and after three years of slow and steady growth was accepted by the Hampshire County Council as an integral part of the treatment of Tuberculosis. The workshops now provide occupation for 24 patients — almost its full capacity — and these men are either salaried or paid Trade Board rates for hours worked. The Industry has a turnover of £8,000–£9,000 a year, whilst amongst its many customers for such varied products as educational toys and utility furniture are the London County Council, the West Riding of Yorkshire, the Surrey County Council and, of course, our own County. Recently, Local H.M.C's have been circularised and it is hoped that many of these will soon be numbered amongst its satisfied clients. Hostel accommodation is provided for 15 men. I would add that in anticipation of further development, land adjoining the Sanatorium has been ear-marked on which, it is hoped, will be erected a new factory, hostel and cottages for the workers.

It will probably be known that R.H.B. Circular (50) 12 states the provision of regular employment for severely disabled persons is an essential feature of Government Policy and it is the practice of Government Departments to afford assistance by placing contracts or orders at current prices with organisations providing sheltered employment for such persons in special factories and workshops. The Minister in this circular urges Local Authorities to follow so far as possible the policy of the Government in this respect provided goods of the quality and type required are offered at prices comparable with those offered by other suppliers on a reasonably competitive basis.

Men were trained for temporary or permanent stay. The maximum number of hours was 40 in a 5-day week. Patient trainees were trained gradually and when capable of working 20 hours were transferred to the Industry proper. Some workers lived in their own homes locally, some in a hostel belonging to the County Council, and others in chalets in the grounds. The latest development was that some men had clubbed together and bought a car to travel to work.

Patient trainees were the responsibility of the Regional Hospital Board on discharge. Local Health Authority became responsible under Section 28 of the National Health Service Act, 1946.

Present Staff and Employees.

Manager	...	...	...	1
Clerk-traveller	...	...	...	1
Clerk	...	...	...	1
Foreman (Woodwork)	...	...	...	1
Foreman (Painting)	...	...	...	Temporarily vacant
Carpentry-instructor	...	...	...	1
Ex-patient workers:—				
Woodwork	...	...	...	14
Painting	...	...	...	4
Patients training	...	...	...	1 (1 just discharged and due to start 27.3.50)
Packer (non-T.B.)	...	...	...	1

The question of extension of the industry and collaboration with neighbouring Local Health Authorities is now under consideration.

Prevention of Infection from Unknown Cases.

Although it is essential to prevent spread of infection from known cases, it is most likely that the chief contributory source of pulmonary tuberculosis is the presence of infectious tuberculosis unknown to the sufferers or the Chest Physicians. It is for the discovery of such sources of infection that the surveys made by the Mass Miniature Radiography Units are so valuable, although there is always the possibility of persons not availing themselves of the facilities for various reasons.

At the time of writing there have recently been established two more Units which are completely mobile, based on Bournemouth and Southampton respectively, by which means further opportunities to detect unknown cases will be available.

Particular care is taken to avoid appointing persons chiefly associated with children who may be suffering from tuberculosis and every such person has an X-ray taken before the appointment is made. Consideration is being given to similar examinations of Teachers in Schools and to making annual re-examinations. In one Primary School where a teacher fell ill with tuberculosis the parents were offered the facilities of the Mass Radiography Unit and 71 children were examined at Southampton but no evidence of infection was found; 2 children, however, as a precautionary measure since their Mantoux tests were negative, are being kept under further observation.

Mass Radiography.

During 1949 the facilities of the Mass Radiography Unit which covers Surrey, the northern parts of Hampshire, Sussex and the County Borough of Croydon, were increased by the addition of a second mobile unit. Surveys were carried out in this County at Park Prewett Hospital, Basingstoke, for staff and patients and at the Royal Aircraft Establishment, Farnborough, the Aldershot and Ash (Surrey) areas. The numbers examined in the latter areas and those found to have active tuberculosis were as follows:—

	Examined		Active Pulmonary Tuberculosis	
	Male	Female	Male	Female
Royal Aircraft Establishment, Farnborough ...	2870	476	3*	6
Aldershot and Ash	344	447	3	—
Totals ...	3214	923	6	6

* One already known.

The Portsmouth Unit when operating from Southampton visited Eastleigh, Hiltingbury and Hamble.

VENEREAL DISEASES

Table I

Number of cases resident in the County Area (both sexes) who attended Clinics for the first time during the years stated.

Year	1944	1945	1946	1947	1948	1949
Syphilis	118	123	208	141	112	86
Gonorrhoea	151	194	308	215	164	115
Non-V.D.	545	785	679	575	687	566

From the following table, showing the incidence per 100,000 of the population, it is seen that the incidence has now dropped to that of the last pre-war year, 1938:—

1938	1944	1945	1946	1947	1948	1949
35	52	62	96	64	48	35

Table II

Number of first attendances made at all Clinics serving Hampshire.

Year	Male						Female					
	1944	1945	1946	1947	1948	1949	1944	1945	1946	1947	1948	1949
Primary Syphilis ...	58	139	209	212	119	63	41	65	100	59	35	19
Secondary Syphilis ...	36	16	73	65	69	30	90	144	123	102	57	26
Other ...	83	90	99	86	97	92	119	132	127	116	104	104
Congenital ...	20	18	22	35	13	21	46	45	37	33	30	18
Gonorrhoea ...	344	510	1181	1029	819	564	298	562	367	236	175	138

Table I above refers to patients attending the following clinics:— Aldershot, Basingstoke, Bournemouth, Guildford, Portsmouth, Reading, Salisbury, Southampton and Winchester.

The number of first attendances mentioned in Table II refers to all cases attending the Clinics mentioned and include cases from other areas (e.g. the County Boroughs). It is reproduced here to show the general trend in the area of first attendances for early and later manifestations of disease.

General Practitioner Service.

During the year three cases of syphilis (two male and one female) and two cases of gonorrhoea (one of each sex) were treated by one General Practitioner under the Scheme; in addition, five cases of non-venereal disease (three male and two female) was also dealt with. The Practitioners concerned have been specially approved by the Ministry of Health to treat cases of venereal diseases provided the diagnosis is made at a recognised Clinic. The Service was designed to obviate long journeys by patients to the Clinics for treatment, particularly where the treatment was extensive and likely to spread over long periods.

Almoners.

The services of Almoners provided by the Moral Welfare Councils of the Diocese of Portsmouth and Guildford and by the Almoner of the Royal Hants County Hospital, Winchester, are much appreciated; this arrangement has been in existence for several years. Where transport arrangements are awkward the Almoners convey patients to the Clinic and this ensures continuity of treatment.

AMBULANCE SERVICE

In my Report for 1948 I stated that in spite of difficulties in staffing, the ambulance service (including the hospital car service) had successfully fulfilled its greatly increased functions, and work during 1949 has more than justified this comment as evidenced by the following tables:—

AMBULANCE SERVICE

Month			1948		1949	
			Patients	Mileage	Patients	Mileage
January ...	...	...	—	—	2994	52255
February ...	...	...	—	—	3031	51734
March ...	...	...	—	—	3462	59512
April ...	...	...	—	—	3086	59028
May ...	...	...	—	—	3336	59174
June ...	...	...	—	—	3594	61406
July ...	...	...	1358	28626	3831	67674
August ...	...	...	1699	34763	3571	67442
September ...	...	...	1877	35808	3336	61880
October ...	...	...	2032	41326	3380	59571
November ...	...	...	2200	41840	3465	61331
December ...	...	...	2526	44680	3563	62016
Totals ...	...	...	11692	227043	40649	723023

HOSPITAL CAR SERVICE

			1948		1949	
Month			Patients	Mileage	Patients	Mileage
January	...	...	—	—	2941	71741
February	...	...	—	—	3088	73045
March	...	...	—	—	3612	87795
April	...	...	—	—	3123	79925
May	...	...	—	—	3516	94146
June	...	...	—	—	3523	91110
July	...	...	1582	43285	3519	95400
August	...	...	1977	48569	3054	82086
September	...	...	2233	56571	3272	85195
October	...	...	2583	66531	3329	82591
November	...	...	2919	74602	3391	78133
December	...	...	2630	64118	3310	74490
Totals ...			13924	353676	39678	995657

Peak figures, it will be noted, in both sections of the Service were reached during the summer months with a slow and fluctuating drop towards the end of the year.

Comparison between the figures for July, 1948, and July, 1949, shows what a tremendous increase in the calls on the Service has taken place.

Rail transport has been increasingly used for long-distance journeys. Thirty-nine such journeys were arranged in 1949 and this figure will be exceeded in 1950.

The success of these arrangements has been accomplished by the great help and co-operation of British Railways and not only is this method of transport more comfortable for the patient but long absences of men and vehicles avoided. Railway Warrants are issued to all patients, voluntary attendants being provided by the British Red Cross Society. Special type stretchers are made available by the Railway Authorities. These are collected the night before the journey is due and the patient transported to the station from home or hospital on the same stretcher, avoiding any change. In only two cases was any delay encountered in the provision of this "Parrott" type stretcher.

All long-distance journeys are controlled and co-ordinated centrally by the County Ambulance Officer.

The strength of the Service in manpower and vehicles has varied during the year as follows:—

			At 31st December, 1948	At 31st December, 1949
Ambulances	...	...	52	55
Sitting-case Cars	...	...	6	8
Whole-time Driver Attendants	...	...	57	64
Part-time Driver Attendants	...	...	18	20

The 40,649 cases transported by ambulances and sitting-case cars (excluding the hospital car service) are classified as follows:—

<i>Accident</i>	<i>Illness</i>	<i>Maternity</i>	<i>Mental Illness</i>	<i>Infectious Diseases</i>	<i>Others</i>	<i>Total</i>
2568	6563	2095	436	712	28275	40649

As will be noted, by far the largest category are "other patients," i.e. those attending out-patient departments and special clinics, particularly fracture clinics.

Arrangements for conveyance of infectious cases, including the special arrangements relating to smallpox, remain unchanged, having proved quite adequate during the year.

Commenting on the year's working, the County Ambulance Officer states:—

"It has been found impossible, even at the larger stations, to keep one ambulance available for emergency calls only, but through co-operation between ambulance stations the delay risk is kept down to a minimum.

Valuable help has been given by the County Police and Fire Service accepting calls when the ambulance stations are left unmanned. This helpful co-operation has greatly assisted in maintaining the Service. Liaison with ambulance services in adjoining Counties and County Boroughs continues to work smoothly.

During the year, the Service has benefited by the completion of the order for twelve new Austin Welfarer Ambulances. No further vehicles have been ordered for delivery during 1950, but the position is under review and latest types are being inspected. Only four of the twelve sitting-case cars ordered were delivered before production of the selected model ceased. To date, no other suitable type car has been found.

In view of the need for strict economy very little has been done to improve the accommodation at County Ambulance Stations. Certain proposals are now under consideration, but the national situation will preclude any major improvements. Similarly, the number of whole-time personnel has been kept to a minimum. The falling off in the number of volunteers makes it difficult to provide attendants.

With these limitations great credit reflects upon the whole-time personnel who have borne the brunt of the tremendous demand on the Service.

All complaints are investigated by me personally, and it is interesting to note that whilst these have been very few, where the complaint related to alleged late arrival of an ambulance at the scene of a road accident, investigation proved in most cases "that the delay occurred in 'calling out' the ambulance and not in the 'turning out.' In a few cases delay occurred when the local stations vehicle(s) were already engaged and mutual aid became necessary from the nearest station."

As in 1948, the calls upon the Hospital Car Service increased and an extremely useful part is played by the members of this voluntary service in transporting sitting cases to and from hospitals and clinics. It will be noted from the statistics for 1949 that 39,678 patients were transported involving a total mileage of 995,657. Particular attention must be called to the fact that of this figure 16,427 miles were travelled for which the voluntary drivers made no charge.

The Service is organised and administered by Mrs. A. Y. Larminie, County Organiser, and her deputy, Lady Colman, both of whom give their services voluntarily. Long-distance journey are co-ordinated through the County Ambulance Officer.

In the report on the year's working Mrs. Larminie points out:—

"The higher average per patient during the summer months (average throughout year 24.6 miles per patient — for May to August inclusive 26.2 miles per patient) is due to more journeys to convalescent homes which mean long distances with only one patient.

It may be convenient to divide the journeys into three categories:—

1. Patients for consultation or examination
2. Patients for admission or discharge
3. Patients for regular treatment or examination at regular intervals.

The increase in Category 1 is, presumably, due to greater use of Specialist services.

In Category 2 there has been no appreciable increase in patients for admission, but a marked increase in patients on discharge. This may be due to shortages of hospital staff or beds, making it necessary to discharge patients as soon as possible.

There has been a considerable increase in the number of patients to Chest Clinics, and to the Ante-natal Clinics at St. Pauls, Winchester.

There is usually a falling off during the winter months owing to patients being unable to go for treatment because of colds, influenza, etc., and to children having minor infectious diseases.

It may interest you to know that the average H.C.S. mileage per patient for the country as a whole, including London and Birmingham with their many short journeys, is 25 miles per patient."

In reviewing the work it is difficult to say whether peak demand has been reached. The problems of improving the stations and building up the staff to ensure a driver and attendant for all calls remain.

The County Ambulance Officer has maintained excellent liaison with the O.S.J.A.B. and the B.R.C.S. who continue their ambulance services as part of the County scheme and where possible the smaller stations are linked with a main station so that all calls can be co-ordinated by the station officer. The Telephone Authorities have been extremely helpful and by the co-operation of all involved it is possible to report a successful year's working with no breakdown.

Only a very small number of passengers were referred to the Medical Staff, who acted on a sessional basis. In the main they were allowed to proceed, but, where necessary, admission to hospital or treatment was arranged. The work of the Medical Receptionists was carried out most efficiently and the Medical Staff have been well served. The work of Dr. Scott and Dr. Sharkey has demanded much of their time with many emergency calls.

PREVENTION AND AFTER-CARE

This Service may be considered from two angles, the general and the particular.

Health Visitors are very largely concerned with the prevention of illness when visiting the homes of children under the age of five and in the ordinary course of their duty. It has been arranged that Hospital Almoners should limit their visits to the homes of patients in or attending Hospitals to those visits which are necessary to obtain particular information desired by the Medical Officer in charge of the patient. Before visiting enquiry is made as to any information the appropriate Health Visitor can give. On discharge from Hospital information is given as to any after-care needed so that the Health Visitor can see that this is obtained.

Tuberculosis and Mental Disorders are the only diseases where a particular care and after-care service is arranged. The latter is referred to under Mental Health Services. In the Tuberculosis Service the key officer is the Chest Physician acting on the County Council's behalf who sees that his recommendations as to the care and after-care needed are either provided locally or brought to my notice to arrange for shelters to be provided, extra clothing or nourishment, etc. There has been established for some time a special Care and After-Care Committee for the South East of the County and it was considered that similar committees might prove useful elsewhere, but as a result of experience it has been decided not to establish them for the present.

SECTION 28 NATIONAL HEALTH SERVICE ACT, 1946 — HOLIDAY HOMES.

During 1949 thirty-three adults and twenty-one children under school age were admitted to Holiday Homes for which the County Council was responsible for their maintenance. In the majority of cases small contributions were received from the patient, or in the case of children under school age, from the parent. Three children remained in Holiday Homes during 1949 who were admitted during 1948.

MENTAL HEALTH

This Service was reported upon fully in 1948 and only changes are therefore mentioned in this Report.

Administration.

The Sub-Committee now consists of 14 members of the Health Committee and 6 co-opted members.

Staff.

(a) *Medical* — no change.

(b) *Non-Medical Professional Staff.*

The Senior Mental Health Social Worker at Headquarters now acts as Training Supervisor at Occupation Centres instead of the Head Trainer at Coldeast Colony.

The Chief Petitioning Officer also carries out periodical and special visits to mental defectives under Guardianship.

At the end of the year, there were 70 members of the Hampshire Voluntary Association for Mental Welfare whose services were employed in supervision of mental defectives in addition to the half-time services of the 8 Area Welfare Officers and Duly Authorised Officers.

Occupation Centre Staff — additional to those recorded in 1948.

Winchester — Supervisor (who also attends part-time at Andover), Assistant Supervisor and helper.

Clerical Staff — additional to those reported in 1948 from October, 1949, one clerk — General Division.

Co-ordination with Regional Hospital Boards.

The Medical Officers of the two Hospitals for the Mentally Defective and three for the Mentally Ill, act as consultants when necessary. Cases are referred to the Out-Patient Clinics, established throughout the County, as mentioned in the account given of work undertaken in the community. Joint use of the Psychiatric Social Workers attached to Park Prewett, Knowle and St. James (Portsmouth) Hospitals has been made by the Regional Hospital Board and this Council in connection with the Community Care Scheme. The part-time services of the Head Trainer of the Coldeast Group Hospital Management Committee were used in the supervision of the training at the County Council Occupation Centres, for the first half of the year, until this arrangement was terminated by the Hospital Management Committee and the work taken over by the Senior Mental Health Social Worker.

The supervision of patients on licence from the Institutions for Mental Defectives within the County is undertaken by the appropriate Hospital Management Committee's Social Worker; cases on licence in the County from Hospitals outside the County are supervised by Officers of this Authority. The medical certificates and reports required when the Orders are to be renewed are provided by the staff of the Health Department. Patients on trial from, or out-patients attending, the Mental Hospitals are supervised by the Social Worker of the Hospital, who already knows the patient and is in a better position to be of help than the staff of this Department.

Duties Delegated to Voluntary Associations.

No duties have been delegated to Voluntary Associations but the services of a number of visitors of the Hampshire Voluntary Association for Mental Welfare are used in connection with the periodical visiting of mental defectives.

Training of Mental Health Workers.

Early in the year, two of the eight Area Welfare Officers attended the seven-weeks' course organised by the National Association for Mental Health.

The Assistant Supervisor of Gosport Occupation Centre spent a period of three weeks at Coldeast Training School, attached to Coldeast Hospital. The Senior Mental Health Social Worker is responsible for the recruiting and tuition of Volunteer Visitors and keeping the established Visitors informed of new developments in the Mental Health Service.

Account of Work Undertaken in the Community.*(a) Under Section 28, National Health Service Act, 1946
Prevention, Care and After-Care.*

Reference was made in my report for 1948 to a plan which had been formulated in co-operation with Dr. G. Garmany, Regional Psychiatrist to the S.W. Metropolitan Regional Hospital Board, for the establishment of a psychiatric social worker service for Hampshire on the lines of the National Association for Mental Health service for ex-service people, but distinguished from that service

- (a) by working from a number of fixed centres, run on the lines of "citizen's advice bureaux," and to be called Mental Health Advisory Bureaux, situated in County Council Health Centres
- (b) by staffing the service with psychiatric social workers employed by the Regional Hospital Board (through the Management Committees) at the three mental hospitals in Hampshire, the social workers spending about half their County Council time attending the Bureaux and half in field work in homes and places of employment, the aggregate of time given to the County Council Preventive Service being equivalent to that of one full-time Psychiatric Social Worker. For this part of the work the County Council would be financially responsible for the salary and travelling expenses of the equivalent of one full-time psychiatric social worker. In the remaining, and major, part of their time the psychiatric social workers would undertake social work in connection with in-patients, and patients attending the outside Psychiatric Clinics, of the three mental hospitals.

It was considered that this arrangement would benefit the service, by facilitating the easiest possible transfer of patients from County Social Worker to Hospital Psychiatrist and/or, Social Worker, and vice versa, without the formalities which might otherwise arise in connection with transfer from the "Preventive and After-

Care" Service of the Local Health Authority to or from the "Treatment" Service of the Regional Hospital Board.

It was also felt that the work would be more interesting and varied to the social workers, combining the two aspects instead of working separately and independently for different authorities, and the work would therefore be more efficiently and economically conducted.

The Scheme was approved by the County Council in December, 1948, and came into operation on the 1st February, 1949. The Bureaux are situated in the County Council Health Centres at Aldershot, Basingstoke and Winchester (staffed by Park Prewett Social Workers), Christchurch, Eastleigh, Southampton (in County Borough Central Health Centre) and Gosport (staffed by Knowle Hospital Social Workers), at the Portsmouth Mental Health Service House (staffed by Portsmouth (St. James) Social Workers), and in the County Health Centre at Andover (staffed by a County Council Mental Health Social Worker).

All these Centres are open one Session a week except Portsmouth which is open daily weekdays. The Scheme, early in the year, received the formal approval of the Ministry of Health as an extension of the Local Health Authority's proposals under Section 28 and 51 of the National Health Act, 1946.

Meanwhile, the Regional Hospital Board, on the initiative of the Medical Superintendents of Knowle and Park Prewett Hospitals, have opened more psychiatric out-patient clinics to work parallel with the Bureaux, where possible simultaneously and in the same premises. These clinics were already held at Aldershot (General Hospital), Basingstoke (Park Prewett Hospital), Winchester (Royal Hampshire County Hospital), Bournemouth (Royal Victoria and West Hants Hospital), Southampton (County Borough Central Clinic and at Royal South Hants Hospital), and Portsmouth (St. James Hospital). Further clinics have been established at the County Council Health Centres (with Bureaux) at Andover, Christchurch, Eastleigh and Gosport.

Two tables are appended showing the details of (a) new cases and (b) old cases dealt with under the Scheme. Towards the end of the year, consideration was being given to the possibility of making more use of the services of the County Council Area Welfare Officers as the initial sources of ascertainment of cases. It is becoming appreciated in the light of experience that they are, if anything, in a better position in the community to discover and help the type of case coming within the scope of the Scheme than the Psychiatric Social Worker attached to the Regional Hospital Board. A close watch is being kept in the operation of the Scheme and a further account will be given at the end of 1950.

(b) *Under the Lunacy and Mental Treatment Acts, 1890-1930, by Duly Authorised Officers.*

The eight Area Welfare Officers augmented in emergency by the two Head-quarter's Officers who are also designated as reserve "Authorised Officers," carried out the work set out in Appendix I. The time of the Area Welfare Officers is apportioned 50 per cent to duties under the National Health Service Act and 50 per cent to duties under the National Assistance Act.

As Duly Authorised Officers their work includes:—

1. Obtaining Orders for, and Removal of, certified cases to Mental Hospitals, under Lunacy Acts.
2. Removal of uncertified cases to other hospitals for "observation" under 3-day Orders under Lunacy Act, 1890, Section 20.
3. Assisting in admissions of Voluntary or of Temporary patients to Mental Hospitals, under Mental Treatment Act, 1930.
4. Safeguarding of property of people admitted to Mental Hospital, when necessary.

Each Officer is primarily responsible for a particular area of the County; special arrangements are made, however, for holiday periods and week-ends. The following is a list of the Officers in question:—

Area	Name	Office	Telephone No.
<i>Area No. 1</i>			
Basingstoke B. Basingstoke R.D. Kingsclere and Whitchurch R.D. Alton U.D. Alton R.D.	Mr. W. T. Dorricott	C.C. Health Centre, Bramblys Grange, off Winchester Road, BASINGSTOKE	Basingstoke 934
Aldershot B. Farnborough U.D. Fleet U.D. Hartley Wintney R.D.	Mr. C. Hemsley	45 Grosvenor Road, ALDERSHOT	Aldershot 873
<i>Area No. 2</i>			
City of Winchester Winchester R.D. Eastleigh B.	Mr. R. C. Humphries	78 High Street, WINCHESTER	Winchester 4411 Ext. 316
Andover B. Andover R.D. Romsey B. Romsey and Stockbridge R.D.	Miss N. D. Wiseman	78 High Street, WINCHESTER	Winchester 4411 Ext. 316
<i>Area No. 3</i>			
Lymington B. New Forest R.D.	Mr. J. Tucker	"Hollymount," LYNDHURST	Lyndhurst 187
Christchurch B. Ringwood and Fordingbridge R.D.	Miss H. Swift	13 Stour Road, CHRISTCHURCH	Christchurch 163
<i>Area No. 4</i>			
Fareham U.D. *Droxford R. D. *Petersfield U.D. Petersfield R.D.	Mr. J. B. Ellingworth	20 High Street, FAREHAM	Fareham 2239
Gosport B. Havant and Waterloo U.D. Rowlands Castle (parish of) Southwick and Widley (parish of)	Mr. W. T. Oliver	20 High Street, FAREHAM	Fareham 2239

* With the exception of Southwick and Widley parish and Rowlands Castle parish respectively, which are shown under Mr. Oliver's district.

(c) *Under Mental Deficiency Acts, 1913-1938.*

(1) *Ascertainment, including number of defectives awaiting vacancies in Institutions at the end of the year.*

Appendices II and III set out the position in regard to the numbers and care of mental defectives outside Institutions.

As regards Ascertainment, the two chief sources of referral are the Education Authority (in regard to children aged 2 to 16) and the Health Visiting Service (in connection with children under the age of 2), but some cases have been referred for ascertainment by relatives, general medical practitioners, employers and employment agencies, hospitals, voluntary societies, etc. All Ascertainment, except for a few cases ascertained by the Regional Hospital Board's Consultants, has been carried out by the medical staff of the Department. All the medical officers approved by the Ministry of Education for the ascertainment of educationally sub-normal children have also been designated by the Health Committee as Certifying Officers under the Mental Deficiency Acts. As Appendix II indicates, 146 new cases of Mental Deficiency within the meaning of the Mental Deficiency Act, 1927, have been ascertained in the year. Of these, 54 were recommended for institutional care and/or training, 1 for Guardianship and 80 for Supervision. The remaining 11 although found mentally deficient, were not considered "subject to be dealt with," but have been provided with the benefits of "Friendly Observation" and visited unofficially at irregular intervals as appropriate.

At the end of the year, the total of 881 mental defectives outside Institutions included 65 under Supervision awaiting admission to a training institution, 610 under Supervision only, 47 under Guardianship, and 224 enjoying "Friendly Observation." The waiting list for institutional care included 21 really urgent

cases. This is a national problem which in some parts of the country may be even more pressing than in Hampshire, owing to the provision of two large and admirable colonies, Coldeast and Tatchbury Mount, by the former Hampshire Joint Mental Health Authority. These colonies now have to serve a wider area within the Region however. On the other hand, the catchment areas for the Mental Deficiency Institutions of the South West Metropolitan Regional Hospital Board have been revised, the new arrangement for allocation of beds for Hampshire cases coming into effect on the 14th November.

Statutory Accommodation.

	Total accommodation	Basis of Admission	
Botley's Park ... (including St. Mary's, Alton)	1498	{ West Surrey	2 cases
		{ Hampshire	1 case
Coldeast Group ...	982	Hampshire	3 cases
		C.B.s	3 cases
		Dorset	1 case
		Isle of Wight } Wilts }	occasional case

The cases under Guardianship are being visited at least quarterly by a Headquarters Social Worker and medically examined by a Certifying Officer at least once a year. The cases under Supervision are being visited quarterly by Social Workers, and medically examined at ages 12 (early puberty) — most will have been examined several times previously, through the School Health Service — 15 (late puberty), 18 (for sexual welfare, employability, etc.) and 21 (for possible assumption of adult right, variation of method of being “dealt with” under the Acts, etc.).

At the age of 21 the possibility of the patient’s requiring Guardianship or Institutional Care is again specially considered. Cases over 21 years are examined once every five years as a minimum. These periodical medical examinations of Supervision cases are regarded as minima and if the Social Worker’s or other reports indicate that interim medical examinations are needed, they are arranged.

A perusal of Appendix III indicates that the number of visits by Social Workers during the year was about the average of quarterly visiting in the case of Guardianship cases. A rearrangement in regard to the visiting of Guardianship cases was made. This work is now undertaken by a Headquarters Social Worker, and it is hoped that this revised system will ensure that a quarterly visit will be paid as a minimum to each case. Visiting of the Supervision cases was to a slight extent in arrears as the total number of visits during the year (1957), was less than that which would be needed if every defective under Supervision (610) were visited once a quarter only with no margin for some being visited more than once a quarter.

Towards the end of the year a revision of the system of arrangements for the visiting of Supervision cases was made to ensure a minimum of one visit being paid each quarter. In Appendix III, the visits recorded in the columns marked “Others” comprise initial visits to homes to obtain information as to the most suitable kind of Care, Supervision, Control and Training for the defective, also visits to defectives under “Friendly, unofficial, Supervision.”

(2) Occupation and Training Outside the Home or Institution—County Council Occupation Centres.

The three County Council Occupation Centres set up by the former Mental Deficiency Committee at Aldershot, Christchurch and Gosport continued to function. In June a Centre was opened in Winchester to function four days a week, Tuesday to Friday, and on the Monday a Centre is held under the same Supervisor at Andover.

A great effort is being made to increase the attendance at these Centres and develop the training. The premises at all five of the Centres are far from ideal,

though Winchester is perhaps the best. None of the five have any outdoor space. Midday meals are prepared and cooked at Aldershot and Christchurch, but at Gosport and Winchester have to be brought in, supplied by the School Meals Service, and already cooked, thereby losing the occupational and training value of preparation on the premises. Towards the end of the year negotiations were proceeding for the tenancy of alternative buildings in Gosport.

At the end of the year the attendance at none of these Centres, except Winchester, exceeded fifteen at any one time, and as it is always necessary to have at least two staff present, however small the attendance, and the overhead charges are relatively high, the cost per trainee per annum is high, in spite of the fact that the salaries paid to Supervisors and Assistant Supervisors are below those paid in some other areas.

Other Occupation Centres.

In addition to the three County Council Centres so far established, a few (eight at the end of the year) defectives attend the "school" at Coldeast Colony as day trainees, and a few more attend the Occupation Centres at Portsmouth, Southampton and Salisbury (Wiltshire County Council) by arrangement with the Local Health Authorities.

TABLE B
PREVENTIVE MENTAL HEALTH COMMUNITY CARE SCHEME

Period February to December, 1949 Case work for people seen other than for the first time at all Bureaux in Hampshire

Bureau	Interviews at Bureau	Visits to Homes	Visits to Employment	Referred to Psychiatrist	Referred to Medical Practitioner	Admissions to Mental Hospitals	Total
1. Andover	31	20	1	20	3	9	84
2. Aldershot	11	7	—	—	—	2	20
3. Basingstoke	—	—	—	—	—	—	—
4. Christchurch	21	1	—	2	—	—	24
5. Eastleigh	3	—	—	—	—	—	3
6. Gosport	6	7	—	1	—	—	14
7. Portsmouth	2	4	1	1	—	—	8
8. Southampton	10	—	—	—	—	—	10
9. Winchester	—	—	—	—	—	—	—
Totals	84	39	2	24	3	11	163

MENTAL ILLNESS: Yearly Return of Work of Duly Authorised Officers, 1949

APPENDIX 1

Number of occasions on which the D.A.O. has removed, or assisted in removal of Patients to Mental Hospitals										
Area	Under Mental Treatment Act, 1930			Under Lunacy Act					Total Cases Removed	Total Mileage
	Col. 1 Voluntary (Sec. 1)	Col. 2 Temporary (Sec. 5)	Col. 3 Total	Col. 4 Petitioned Recep. Order (Sec. 5)	Col. 5 Urgency Order (Sec. 11)	Col. 6 Summary Recep. Order (Secs. 14, 15 & 16)	Col. 7 3-day Obs. Order (Sec. 20)	Col. 8 Total		
1.	10	3	13	—	7	56	5	68	81	Taxi and Own Car
2.	51	3	54	1	3	84	88	176	230	Own Car and Ambulance
3.	30	5	35	—	—	32	4	36	71	Own Car and Ambulance
4.	12	3	15	—	—	69	19	88	103	Own Car and Ambulance
All County	103	14	117	1	10	241	116	368	485	—

Area	District	Number of Defectives on 31.12.49 under					New Cases ascertained in year, received for					Deaths and Discharges				Total Medical Revists	Admissions to Institutions			Total	
		G.	Sup.	Tot.	U.V.	G. Tot.	Inst.	G.	Sup.	Tot.	U.V.	G. Tot.	G.	Sup.	Others		Tot.	Pet.	Court Order		Place of Safety
1.	Aldershot	—	22	22	7	29															
	Farnborough	1	20	21	2	23															
	Fleet	—	6	6	—	6															
	Hartley Wintney	1	14	15	11	26															
	Basingstoke U.	5	13	18	5	23															
	Basingstoke R.	—	27	27	8	35															
	Kingsclere and Whitchurch	4	19	23	12	35															
	Alton U. ...	—	14	14	2	16															
Alton R. ...	2	39	41	13	54																
	TOTAL	13	174	187	60	247	14	—	17	31	4	35	—	33	40	73	78	9	4	—	13
2.	Andover U.	—	12	12	6	18															
	Andover R.	1	12	13	4	17															
	Romsey Borough	—	20	20	5	25															
	Romsey and Stockbridge	—	28	28	5	33															
	Winchester C.	6	22	28	9	37															
	Winchester R.	1	40	41	21	62															
	Eastleigh	1	16	17	8	25															
	TOTAL	9	150	159	58	217	8	—	14	22	5	27	—	24	30	54	80	8	—	—	8
3.	Ringwood and Fordingbridge	4	24	28	7	35															
	Christchurch	5	27	32	3	35															
	Lymington	4	24	28	4	32															
	New Forest	2	52	54	19	73															
	TOTAL	15	127	142	33	175	19	—	21	40	—	40	—	15	17	32	84	10	—	1	11
4.	Droxford	4	25	29	14	43															
	Petersfield U.	—	6	6	1	7															
	Petersfield R.	—	20	20	17	37															
	Havant	2	28	30	10	40															
	Fareham	1	35	36	23	59															
	Gosport	3	45	48	8	56															
	TOTAL	10	159	169	73	242	13	1	28	42	2	44	—	32	31	63	64	6	4	—	10
	ALL COUNTY	47	610	657	224	881	54	1	80	135	11	146	—	104	118	222	306	33	8	1	42

NOTES — G.—Guardianship. Sup.—Supervision. Tot.—Total. U.V.—Unofficially Visited. G.Tot.—Grand Total. Pet.—Petition.

MENTAL DEFICIENCY: Yearly Return of Work of Area Welfare Officers, H.Q. and Voluntary Social Workers

APPENDIX III

Area	Number of Defectives on 1.1.50 under				Visits by H.Q.S.W. to Defectives under				Visits by Area W.O.s to Defectives under				Visits by Voluntary Social Workers				Total Social Worker's Visits in year			
	G.	Sup.	Tot.	U.V.	G.	Sup.	Others	Total	G.	Sup.	Others	Total	G.	Sup.	Others	Total	G.	Sup.	Others	Total
1.	13	174	187	60	19	38	13	70	6	268	92	366	21	115	63	199	46	421	168	635
2.	9	150	159	58	19	68	15	102	6	419	126	551	12	104	42	158	37	581	183	801
3.	15	127	142	33	26	42	14	82	11	327	88	426	16	109	51	176	53	478	153	684
4.	10	159	169	73	16	43	9	68	5	281	108	394	17	153	45	215	38	477	162	677
All County	47	610	657	224	80	191	51	322	28	1295	414	1737	66	481	201	748	174	1957	666	2797

NOTES — G.—Guardianship. Sup.—Supervision. U.V.—Unofficially Visited.

STATISTICAL SUMMARY.

I. *Particulars of Mental Defectives as on 1st January, 1950.*

N.B. — No case entered under more than one heading of (1) or (2) and only "live" cases included.

(1) <i>Number of Ascertained Mental Defectives Found to be "Subject to be dealt with:—"</i>	<i>M.</i>	<i>F.</i>	<i>T.</i>
(a) In Institutions (including cases on licence therefrom)			
(Under 16 years of age)	92	64	156
(Aged 16 years and over)	173	607	780
(b) Under Guardianship (including cases on licence therefrom)			
(Under 16 years of age)	—	1	1
(Aged 16 years and over)	12	34	46
(c) In "places of safety" 	2	1	3
(d) Under Statutory Supervision (excluding cases on licence)			
(Under 16 years of age)	131	138	269
(Aged 16 years and over)	178	163	341
(e) Action not yet taken under any one of the above headings ...	—	—	—
TOTAL ascertained cases found to be "subject to be dealt with"	588	1008	1596
Number of cases included in (b) to (e) above awaiting removal to an Institution:—	<i>M.</i>	<i>F.</i>	<i>T.</i>
	31	31	62
(2) <i>Number of Mental Defectives not at present "Subject to be dealt with," but over whom some form of voluntary supervision is maintained:—</i>	<i>M.</i>	<i>F.</i>	<i>T.</i>
(Under 16 years of age)	2	5	7
(Aged 16 years and over)	109	112	221
TOTAL number of mental defectives (1) plus (2) 	699	1125	1824
(3) <i>Number of Mental Defectives Receiving Training:—</i>	<i>M.</i>	<i>F.</i>	<i>T.</i>
(a) In day training centres (Under 16 years of age)	20	28	48
(Aged 16 years and over)	11	14	25
(b) At home 	—	—	—
TOTAL ...	31	42	73

II. *Particulars of Cases Reported during the Year 1949.*(1) *Ascertainment.*

(a) Cases reported by Local Education Authorities (Section 57, Education Act, 1944):—	<i>M.</i>	<i>F.</i>	<i>T.</i>
(i) Under Section 57 (3) 	34	36	70
(ii) Under Section 57 (5)			
On leaving special schools 	3	8	11
On leaving ordinary schools 	15	14	29
(b) Other ascertained defectives reported during 1949 and found to be "subject to be dealt with" 	3	5	8
(c) Other reported cases ascertained during 1949 who are not at present "subject to be dealt with" 	2	2	4
TOTAL number of cases reported during the year ...	57	65	122

(2) *Disposal of cases reported during the year.*

(a) Ascertained defectives found to be "subject to be dealt with"	M.	F.	T.
(i) Admitted to Institutions	6	7	13
(ii) Placed under Guardianship	1	3	4
(iii) Taken to "places of safety"	2	—	2
(iv) Placed under Statutory Supervision	41	46	87
(v) Died or removed from area	5	7	12
(vi) Action not yet taken	—	—	—

TOTAL ascertained defectives found to be "subject to be dealt with" (to agree with the total of (1) (a) and (1) (b) above)

55 63 118

(b) Cases not at present subject to be dealt with

(i) Placed under Voluntary Supervision	1	1	2
(ii) Later found not to be defective	1	1	2
(iii) Died or removed from area	—	—	—
(iv) Action unnecessary	—	—	—
(v) Action not yet taken	—	—	—

TOTAL cases not at present "subject to be dealt with" (to agree with the numbers entered under (1) (c) above)

2 2 4

III. *Number of Mental Defectives in Institutions under Community Care including Voluntary Supervision or in "Places of Safety" on 1st January, 1949, who have ceased to be under any of these forms of care during 1949.*

	M.	F.	T.
(a) Ceased to be under care	2	2	4
(b) Died, removed from area, or lost sight of	—	—	—
TOTAL	2	2	4

IV. *Of the Total Number of Mental Defectives Known to the Local Health Authority.*

(a) Number who have given birth to children during 1949	M.	F.	T.
(i) After marriage		3	3
(ii) While unmarried		10	10
(b) Number who have married during 1949	8	11	19

COUNTY LABORATORY

At the time of the writing of this Report the transfer of the Laboratory Services has been completed some few months. The work during 1949 was continued on an agency basis on behalf of the Regional Hospital Board. Work in connection with Milks is now undertaken at the Ministry of Health's Public Health Laboratory. The Chemical and Serological work is now dealt with by the Pathologists on the staff of the Hospital Management Committee. Water sampling is arranged by the Local Sanitary Authorities with public analysts.

H. LESLIE CRONK,
County Medical Officer.

August, 1950.

